An Inaugural Address

ON

SOME ASPECTS OF DISEASES OF THE NERVOUS SYSTEM AND THEIR PRACTICAL STUDY.

Delivered at the Opening of the First Session of Instruction at the National Hospital for the Paralysed and Epileptic as a recognised Clinical School.

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GENTLEMEN,—The duty is laid upon me of inaugurating, by a welcome to all and an explanation to some, the first session of work at this hospital as a recognised place of instruction for senior students, and also, under somewhat fresh arrangements, for practitioners who desire to renew the knowledge that has grown rusty or which has become inadequate from the rapidity of modern progress. We do not, however, to-day begin here the work of teaching. The work which has been done here in the past in the way of imparting knowledge and of enabling knowledge to be gained by observation can be testified to by thousands of practitioners in this country, and not in this country only. During the last nine years (since record has been kept) about 2500 members of the profession or students have taken advantage of the opportunities the hospital affords, which many members of the staff have striven to make effective. That these visits have not been casual, and that the opportunity has not been unappreciated or unused, is shown by the fact that on an average each of these visitors has attended nearly ten times.

The great facilities for the acquisition of knowledge which is secured by the aggregation of cases of the same general class of disease have already made this hospital known wherever medicine is really studied, for an institution of corresponding character and size will be sought in vain. Several of the many students from the United States, who have worked for long at the various Continental schools and have then studied here, have said that nowhere can an insight into disease of the nervous system be obtained such as can be secured at this hospital. For fifteen years its opportunities have been made effective by practical teaching, especially in the out-patient room, the work of which has a peculiar value from the great variety of cases. Clinical lectures and demonstrations have been also given in this spacious theatre since the wise liberality of the board of management has added it to the resources of the institution. But the time has come at which such advantages and opportunities should be made still more effective. The hospital has been formally recognised as a place for a period of study by fifth-year students, and its informal but effective recognition as a place for "post-graduate" study by practitioners is not likely to be less in consequence of the arrangements for more systematic teaching that have been decided on. This involves a change which we make of necessity, though not without a feeling of regret. To give freely of the knowledge which can help humanity is of the high ethics of our profession. We shall regret if the fee which it is for many reasons now necessary to charge proves a hindrance to any who would otherwise have come here. It should not have this result, so nearly nominal is it in amount; and, on the other hand, there may be some who will illustrate the common law that men value less that which costs them nothing and make more use of that for which they pay.

Diseases of the nervous system—our study here—are strictly special because so largely general in their relations. This fact strikes all who observe the cases gathered together within these walls or brought under successive observation in the work of the out-patient room. The nervous system is supreme in its influence on the processes of the animal body. From its influence no part and no function is withdrawn. Hence its disease and derangement may be manifested by most varied forms of derangement and disease and not seldom by such as does not suggest their cause. On the other hand, it is susceptible of damage from morbid processes which have no primary connexion with it. Indeed, the practical effect of the varied relations is noteworthy. Let me glance at some instances of this.

There are tendencies in professional thought and in its practical result which are quite beyond the range of influence. One of these has determined that all disease which disturbs the function of the nervous system shall bring the case within the category of its diseases. These tendencies are often wise. A secure diagnosis of diseases only adjacent to the brain or cords is often possible only by a thorough knowledge of the various symptoms and of what they mean or may mean. Hence it is that the study of the cases brought together here not only impresses on the mind the manifestations of disease of the nerve structures, central and peripheral, but also in connexion with them, and in some degree in an independent way, morbid processes of varied forms that are outside the nerve structures themselves. Disease of the protecting bones is essentially within the province of surgery, but when the nerve centres suffer the case is often transferred to the physician. And yet nowhere is the conjoined and combined experience of the physician and of the surgeon more needed, for instance, than in the early diagnosis of spinal caries, and not of this only, but of all forms of disease of the bones around the spinal cord or brain. Sometimes the due balance of opinion—or, rather, I should say, the resultant of the two forces—is obtained in a curious way, for I have occasionally fancied that the physician tends to go too far with surgery and the surgeon with medicine. But this only promotes the compromise—the resultant—which has so large a share in the art of life and the art of living. I may remind you in this connexion of the case in which, now eight years ago, Mr. Horsley removed a tumour which was compressing the spinal cord. That patient is still, I am happy to say, in perfect health, and in that instance I was asked to see the case to decide whether it was not one of purely functional nature and capable of cure by a course of massage. These are illustrations of the blending of the surgical and the medical, and I may add that the question as to when surgery should step in is one often of the utmost practical difficulty, in which there are, perhaps, more frequent opportunities for the education of the judgment in this hospital than anywhere else. But I will return to our surgery presently.

The investing membranes of the nerve centres and the sheaths of the nerves present, again, peculiar constitutional relations. They are susceptible to the morbid processes of tubercle, to syphilis and gout, to local influences, and to other more obscure, but not less grave, constitutional conditions and blood states; but these are in general not identical with those that act on the nerve elements—a difference of much practical importance. Almost all sudden lesions of the brain—and they are frequent and momentous—are due to vascular processes, more common in this than in any organ on account of the directness of the flow of blood from the heart, essential for its functional pre-eminence. This directness, however, acts in various ways, some indirect. It is to this mechanism that we must ascribe the special occurrence of atheroma here, and by the extreme narrowing of the orifices of the branches we have a sluggish circulation beyond, and thrombosis. The same influence more directly produces dilatation of the minute arteries, when elasticity gives place to extensibility, and at last rupture of the thinned and weakened wall. To this influence we must ascribe the special readiness with which embolism occurs in the cerebral arteries, and, perhaps, also the fact, otherwise so strange, that they are prone to be the seat of syphilitic disease above all others of the body. At least, whatever causes the greater supply of emboli may also determine a special supply of germs to the vessels and tissues of the arterial wall. These relations of sudden lesions to the vascular system make a knowledge of the morbid states of the heart and vessels and circulation, and a familiarity with their practical diagnoses, as essential for the diagnosis, and also for the treatment, of diseases of the brain as for the primary diseases themselves. Indeed, illustrations of this are strikingly frequent. In some cases much depends, both in prognosis and treatment, on the recognition of valvular disease of the heart as a source of an embolus, without which embolism would be less likely. And the most frequent source of embolism is a narrowed mitral orifice, which, of all cardiac diseases, is most frequently difficult to detect, alike on account of the indistinctness of its signs and their strange variability.

If in a patient of fifty years of age a sudden arterial occlusion can reasonably be ascribed to embolism, as opposed to thrombosis in the branch of an atheromatous artery, apprehensions of recurrence may be almost entirely dispelled. How vast is the effect of this on the mind of the patient and friends and how much in treatment this diagnosis involves, will be obvious at once.

Another illustration of the same general fact is presented by the diagnostic problem, so frequent and so pressing, between cerebral hæmorrhage and the closure of an atheromatous artery or branch by clot. Of all practical diagnostic problems this is perhaps the most important and most urgent. On its solution the treatment of the case depends; the state of the circulation which has ruptured an artery and has caused increasing hæmorrhage into the brain is quite different from that which has permitted clot to form in the narrowed branch of a diseased artery, and in which the great danger is that the clot shall extend, from the feebleness of the flow of blood. In the attempt to distinguish between the two it is common for a practitioner to direct his attention exclusively to the nervous symptoms; but these are of small value compared with the state of the heart and circulation. The question should always be, Are the conditions such as to make likely the bursting of a vessel or thrombosis within one? And the question has to be asked at once, and answered, if possible, at once, with the confidence for action. It is at the onset of these lesions, and then only, that there is the chief scope for treatment. It is then that hæmorrhage can be checked when it is small and the spread of clot into other branches can be prevented. Here we have an illustration of that which is almost always true. It is the hands of the general practitioner in which life and death are chiefly placed. Even in the case of patients who can be speedily admitted to a hospital not far away, by the time they reach it the chief opportunity for treatment has often passed. And remember this fact, but for which I should not have referred to the subject: the indications that guide the necessary treatment are to a great extent persistent, and they can often be studied thoroughly at a later stage. The importance of the initial opportunity was illustrated to me a few days ago, although not quite in the connexion I have been speaking of. A middle-aged man, after a week's headache, had sudden difficulty of articulation and of swallowing such as to indicate an interference with the circulation in the pons. His medical attendant saw him in half-an-hour and recognised the general significance of the symptoms. He knew that the patient had had syphilis a few years ago, and at once gave full doses of iodide of potassium, keeping him absolutely at rest. The symptoms did not increase. In a day or two they lessened, but ten days after there were still slight symptoms which left no doubt that he had closure or narrowing of some small twigs in the pons, almost certainly due to syphilitic disease of the basilar artery. With perfect rest and measures to secure uniformity of the circulation, no extension occurred during the time necessary to diminish the affection of the arterial wall and so remove the great element of danger. But for these measures the probability is great that within many days that patient would have had grave damage to the part of the brain where the centres are situated on which life directly depends. The diagnosis needed for wise treatment in this case was easy given the personal knowledge, not impossible without it, but I cannot doubt that to that diagnosis and consequent treatment the patient owes his life. In other cases of the same nature a familiarity with the diagnostic indications has enabled equally effective treatment to be adopted. These indications as I have said, must be learned at a subsequent stage. If you cultivate the habit of noting and analysing them at such a hospital as this, if you try to place yourself in imagination beside the patient just after the onset, if you persevere in doing so you will be surprised when next called to a case of sudden lesion, how much more confident you feel to determine treatment.

Important as is the connexion between the sudden lesions of the brain and the state of the organs of circulation, not less important is the relation of the state of the blood to every part of the nervous system. We enter here on a region in which modern research has revealed that which completely revolutionises many of our old conceptions. We find in agents circulating in the blood the unquestionable cause of a large and various class of diseases which before were either quite mysterious or were concealed by the mist of pure theory, or more often were so displaced by the refraction of our mental vision as to be seen in quite a false position. We are beginning—but only beginning—to discern the extent and importance of the influences; but they constitute a new revelation of the wide connexions of nervous diseases, for their significance is reciprocal. It is not too much to say that the influence on the nervous system affords a key to many morbid blood-states as important and indispensable in regard to them as it is essential for the comprehension of the affections which they cause. The cardinal fact is this: it is familiar, but underlies much that is unfamiliar. Among the structures of the nervous system between which we can discern no difference in nature even by the most elaborate application of microscopical observation are some for which certain chemical agents have special affinities. During life chemical change is constant. All function depends on it, is determined by it, and under the great impenetrable mystery of life there is renewal of lost molecules. In this renewal certain chemical substances may be taken up by some nerve structures and not by others. At least, that is how I understand the fact that the presence of these chemical compounds in the plasma around the nerve structures will paralyse or will excite some and not others. In the ultimate chemical constitution of living structures between which we discern no difference there must be differences which, though perhaps really small, are potent in effect.

The great fact for us is that some certain chemical molecules influence some nerve structures and not others. Further, those on which they act correspond in function. Note the profound significance of this. This influence must be the expression of a chemical combination, of an ability to pass into the chemical constitution of the structure, at least in some degree, and by so doing to modify the chemical action on which function depends. We often speak of it as a derangement of function only, but that there is an entry of the agent into the chemical constitution of the living structure is shown by the fact that it also deranges nutrition, and, if the disturbance of nutrition continues, structural decay results and we have what we call "systemic degeneration." We have degenerations of systems of structure having a common function and we find in this mechanism an explanation of a large number of the degenerations of the nervous systems.

Consider first the fact that if a small dose of atropine enters the blood it passes, diluted to an almost inconceivable amount, to every part of the nervous system, and yet acts on one alone, the structures within the eye. These are paralysed, although no others are affected. Take with this the fact that curara in a certain quantity, likewise reaching all parts, acts only on the terminations of the motor nerves, and that these it paralyses. Note that strychnia acts first and chiefly on the structures in the spinal cord in which energy is liberated for the motor nerves. Pass from this to certain other facts. Alcohol, by its presence in the blood, or chemical compounds to which it gives rise, affects the peripheral nerve-endings, sometimes those of the muscles of the limbs, but first and chiefly those in certain muscles; sometimes also those of sensation, occasionally of these alone. The same fact is true of arsenic, unlike alcohol as it is. Why each of these agents sometimes acts only on the sensory nerve endings we can only guess. Perhaps the poison is presented in a certain amount during a longer period of time or in a special combination which may depend on many causes. Strange to say, one form of sensation may be alone first and most affected—an instance of the definite difference in constitutions and susceptibility which each difference in function entails. We should not, indeed, wonder at this when we think how great is the difference between the stimulus of touch and that of heat, to each of which cutaneous nerves respond. But of the sensory nerve endings those which are most susceptible are the terminations of the nerves within the muscles which convey impulses from them to the centres, seldom acting on consciousness, but guiding the motor centres. Their derangement is the chief cause of ataxy and incoördination. These may suffer chiefly, or even alone, from alcohol, arsenic, and other poisons, and thus from each of these we may have the peculiar condition which has been called "pseudo-tabes"—incoördination with loss of the knee-jerk—which presents so puzzling a resemblance to locomotor ataxy. Now this is a stepping-stone. The same condition may occur as a form of the special paralysis after diphtheria. Here we have definite knowledge which throws an electric search-lamp into some of the darkest places of nerve pathology. Diphtheritic

paralysis has been shown by Martin to be the result of a chemical compound, a modification of albumin, which is formed instead of a proper "albuminose" through the influence of a sort of "ferment" produced by the organisms in the throat. It is not that these get into the blood and nerves; it is not that they produce a poison; their product is harmless, but it so alters the building up of the albuminous substances as by some slight change to make that which should be a food to the nerves a poison to them, varying in action and degree in different cases, doubtless by slight differences in composition. I need not dwell on the bearing these facts have on the frequency with which special impairment of nerve action follows other acute diseases, rarely coinciding with the time when the organisms are rampant. You will see how strong is the ground for believing that all these are the effect of toxins, due, directly or indirectly, to the organisms. Why, what is alcohol—the great cause of peripheral neuritis—but a product of the growth of organisms? The organisms of syphilis have yet perhaps to be discovered, but that it depends on organisms we can feel sure. The relation of the distant sequel, tabes, to this long-drawn-out specific malady, is such as to make its analogy to the other facts I have mentioned very clear; a toxin, post-syphilitic, must be the cause of the peculiar nerve degeneration of tabes, apparently similar to that which may result from the poisons of diphtheria, from arsenic, and from alcohol.

I trust I am not wearying you, for all this leads up to the facts I desire especially to emphasise. I think this by-path will afford you a better view of the wide relations of the diseases we study here—relations best discerned when we compare them on an extensive scale. But I have not yet done with the chemical effects. These toxic agents may act on the central structures as well as on the peripheral nerve endings. We have nerve endings in the centres, but I pass these by now that I may not confuse you with too much variety of detail. The changes the poisons produce are, except in the most intense and acute forms of disturbance, confined to the nerve tissues themselves, while the connective tissue, the enclosing sheath, and interstitial tissue, are almost unaffected. In this we have a marked contrast to the changes caused by other blood states, such as rheumatism, in which this tissue suffers first, and the nerve elements only secondarily and in slight degree. But there is another difference between the two. The rheumatic affections are generally one-sided and random—unsymmetrical in distribution; but when the poisons and "toxins" act on the nerve elements themselves, the functional disturbance or loss, or structural degeneration, is always symmetrical. The disturbance occurs in the corresponding structures, in more or less equal degree, on the two sides; the bilateral symmetry is seen even in strict functional limitation. In this we have a feature of great importance, and it is, or should be, a practical rule that whenever we find derangement of nerve function, be it irritation (as subjective sensations or increased sensitiveness) or impairment of function, limited in character and also in seat, but symmetrical in character and distribution, we should suspect a toxic influence, a poison circulating in the blood, reaching all parts, but acting first only on those which are especially susceptible to it, and of necessity equally so on each side. Such symptoms are very common, although we have only learned of late to recognise their significance, and it is still often not suspected. But the cases in which they are met with, if their nature and meaning are suspected, we can often trace a past opportunity for the entrance into the system of a toxic agent from without. I have seen many cases in which this indication has proved of the highest importance by leading to the discovery of an unsuspected source of metallic poisoning. They can, moreover, sometimes be traced to the influence of such organic poisons as are generated in sewers. But symptoms of unmistakeable character are often met with when we can find no source of external poisoning, but when we can trace evidence of deranged chemical processes within the body. We meet with them as a result of septic processes which we have learned to associate with organisms. But we meet with them from more purely chemical changes. Here I believe we have an important key. I believe we are entering on a field which will prove most fertile alike in pathology and in treatment. Consider; we cannot have a derangement of any chemical process within the body without many consequences. We cannot have one substance produced that is abnormal, or is in abnormal quantity, without having an abnormal amount of many others; of some of these we have no present knowledge and may have no present evidence except their effects on the nervous system. Take diabetes. There cannot be an excess of sugar in the blood without the production of other chemical substances which are not normally present, at any rate in the same amount. In diabetes we sometimes meet with peripheral neuritis, symmetrical, characteristic—a *primâ-facie* evidence of a toxic agent; but it is only occasional—a casual concomitant of glycohæmia, of which it cannot therefore be the simple result. But, further, its occurrence bears no relation, nor does its degree bear any relation, to the amount of sugar in the blood and urine. The neuritis may be severe when the amount of sugar is quite trifling and slight when this is great, just as it may also be absent in extreme glycosuria. It is certain, therefore, that it must be due to some collateral material, a peculiar by-product, far more toxic than the sugar itself. We meet with like facts, various in character but of the same significance, in cases of gout. The direct effects of the state of the blood or constitution which we thus designate is to cause an unsymmetrical inflammation of the fibrous tissues. Thus we have the unilateral perineuritis of sciatica. But with gout we may have that symmetrical affection of the nerve structures which indicates a toxic chemical compound in the blood causing effects quite different from those of simple gout. We associate uræmia with chronic kidney disease as the special toxic consequence, and we know the symptoms which it causes or which are ascribed to it. But I have lately been impressed by some cases of this nature in which, instead of uræmia, there were symptoms of the presence in the blood of some quite different poison, acting in some cases on the nerve centres, but in others producing characteristic pseudo-tabetic symptoms—evidence of a poison acting on the sensory nerve endings in the limbs. I could multiply these illustrations, but I have said enough to impress on you the extent of the blood states that are brought before us by the "special" study of diseases of the nervous system and to illustrate this important fact—it is through the nervous system that these toxic states are manifested and that the processes on which they depend can often alone be distinguished. You must remember that these chemical blood states, distinct on the one hand from organismal conditions, and on the other distinguishable from the states which underlie gout and rheumatism, have only lately become known to us; while their great practical importance, their wide extent, variety, and frequency, are only now dawning upon us, revealed by the study and comparison of diseases of the nervous system.

The educational work of this hospital is designed of necessity to supplement, and not in any way to supersede, that of the general schools. Whether such special study is an actual need I leave to the experience of those who avail themselves of the opportunity. Those who have done so in the past, with far less opportunities than we now offer, have been singularly unanimous in their verdict. But that its value and importance, whatever they may be, are not likely to be transient I feel certain. They cannot be. By its constitution the nervous system is, as we have just seen, a great revealer; by its dominant influence over the whole frame it must ever share the processes of general disease, and the mechanism of many symptoms of its impairment must cause effects co-extensive with the human frame and with every feature of its life. So complex is it that it must always constitute that department of physiology and physiological pathology in which the knowledge we need will be beyond our reach. Augment that knowledge as we may by persistent and profound research, discover new facts and new ranks of facts, the more we know the more distinct and more extensive will our obvious ignorance become. The diseases of the nervous system must therefore always be the branch of medicine in which it is least possible for the practitioner to keep abreast with the knowledge that is ever increasing, and is, moreover, ever increasing in practical application. We have had lately a salient instance of such progress in the great revolution in our conceptions of the elementary constitution of the nerve centres, which changes so much our thoughts of disease, and even so many of the statements we must make, and which has a very direct relation to the facts of which I have just spoken, the way the peripheral nerves suffer from toxic agents. These conceptions are grouped around, and proceed from, that which is indicated by the new word "neuron." I can only allude to the way in which the labourers at histological science have brought out evidence, from which

there seems no appeal, to show that the nervous system is made up of elements that are contiguous but not continuous, that the branching processes of the nerve cell, which ramify in the grey substance, and through which nerve impulses reach the cell, end there (or rather begin there). The nerve impulses they carry to the cell must begin where the branches begin. The ends and beginnings of these processes are in close contact with the ends of like branches of other nerve cells, and by these the new impulses must be excited. Thus the nerve impulses arise by stimulation, as do those in the nerve endings (or beginnings) in the skin. They arise by the stimulus of other nerve impulses, as they do in the retina, by the stimulation of light or as muscular contraction from that of the nerve impulse. From that there follows the conclusion—all-important for our pathological conceptions—that the nerve energy is produced in the finely divided nerve substance of these 'terminations.' With this, coupled with another I will mention in a moment, there disappears an old and fascinating doctrine—that the nerve cells are the source of the nerve energy. This idea seemed to harmonise so well with their importance, and with the analogy to a galvanic cell where chemical energy is changed to electricity. The second reason why we must relinquish this is the discovery, new only in part, which has come with the fact of the discontinuity of the branches. It is the clear discernment that the axis cylinder of every nerve fibre, which we used to think of as a single conducting core, consists of many fibrils, each separate and even separated from the others—a single conducting path. This is true also of the branching processes, from most of which fibrils pass through the body of the cell and converge to the chief axis cylinder process. Some, indeed, pass to other branching processes and thus return to the spongy grey substance. The fibrils, therefore, simply traverse the cell-body to their destinations in other processes. Hence nerve-impulses cannot originate there. The office of the cell-body can be solely nutritional, or rather vital, the source of the life of the whole nerve unit, determining in some unknown way the vitality of its prolongations. Note how much all this makes clearer. It enables us to understand that secondary degeneration stops in the grey matter before it reaches the next nerve cells in the conducting path; that of the pyramidal fibres, for instance, does not extend to the motor cells. This has been a mystery on the supposition that the fibres are continuous with ends of the branching processes of the spinal cells. But if there is discontinuity between the two we can understand it at once. It also brings into prominence the vital and nutritional influence of the nucleated cell and helps us to understand that it is where the distance from this vital centre is greatest, at the extremities of the long fibres, that there is least capacity for resisting the toxic agents which tend to derange nutrition; hence the secret of the peripheral position of the changes thus produced, which we call "peripheral neuritis." Note, also, how important a change is produced in our conception of the seat of many diseases which are manifested by the character of the motor impulses, and that for the real seat of such diseases as paralysis agitans and chorea, we must look, not at the nerve cells, in which we have hitherto sought for it, but at the multiple endings of the branching processes of the motor cells, where we have not yet learned how to discern slight morbid changes—in which we have indeed scarcely learned the alphabet of the morbid language. I could give you many other instances, but have done enough for my object to show how new knowledge brings new aspects, often of much practical importance; how this must ever be so; and how the new vantage ground can always be best acquired by a period of special study as concentrated as the wide relations of these maladies permit.

And here let me mention another hope we entertain. The wise foresight of the managers of the hospital has provided us, not only with this spacious theatre, but with a roomy laboratory for pathological study and microscopical research. I am led to this by what I have just said because it is through microscopical investigation that these changes in our conceptions referred to have been brought about; and I venture earnestly to hope, and even to anticipate, that many and important will be the additions to our knowledge that will result from researches carried on here. With experiments on animals, I need scarcely say, this hospital never has had, and never can have, anything to do. That is outside present and future possibility, as it has always been in the past. But the importance of the microscopical investigation of disease is ever growing with increasing power of discernment and of interpretation. Just as chemical substances reveal in life unsuspected differences by the reaction of the living structures which we call the symptoms of disease, so, too, as you know, when life has ended chemical agents reveal unsuspected changes by their different influence, or define those imperfectly perceived. To our appliances for such research are added a large and ever-increasing amount of materials, with possibilities of revelations, perhaps of high practical importance, greater than we can estimate. We are fortunate in possessing the services of men of European repute, not only in our present pathologist, but also in several members of the permanent staff, whose experience and advice are at the service of those who pursue original research. There is no reason why the work done here should not rival in importance that of the most renowned Continental institutions and why this hospital—known, I may safely say, throughout the world for the increase in clinical knowledge which has been achieved here—should not be equally familiar for the part it takes in the advancement of our knowledge of minute pathology.

But I have lingered, perhaps, too long on these matters. In returning to the path on which I started, let me add that, of course, the opportunities for pathological research I have referred to, will be utilised also for the instruction of the student. Demonstrations will be given on all the points in the anatomy and minute structure of the nervous system necessary to understand the symptoms of its diseases, and in the same way the various morbid changes, gross and minute, whatever is demonstrable, will be the subject of demonstration. Let me add a few words regarding the other way in which we hope to help those who come here to gain the good they unquestionably may obtain.

The great value of the fields for observation presented by the wards and the out-patient room will be made still greater to those who take the clinical clerkships open to them. These differ in some respects from the corresponding posts at general hospitals by reason of the previous training which the fifth year student or the practitioner has undergone, for the posts will be open equally to each. They involve the independent investigation of cases, of past history and present state, and the record of each which exerts so powerful an influence in promoting exactness of observation. The results will be afterwards scrutinised and the diagnosis will be criticised, confirmed, or corrected by the physician in charge. The special study and consideration of cases which this work compels is of unique value. In the deliberate investigation of the in-patients there is of necessity a study of the causes, relations, and symptoms of the disease, and an opportunity of learning the principles on which the treatment is based and of learning the forecast and sometimes of observing how far it is verified. The value of the work in general, and the clerkships in particular, in the out-patient department is not less, but not quite the same. It is an education in that which is one of the prime needs of every practitioner—the art of discerning in a short space of time the essential features of a case, of observing them with accuracy and adequacy, and of forming quickly, but not hastily, a correct opinion of the nature of the case. To learn to do that which is needed in a limited time is, indeed, the chief service of all out-patient work in the education of the student as distinguished from his instruction, although instruction in abundance it supplies. How inestimable that art is, every practitioner knows. Life is surrounded by limitations—various, close, stringent. Time is inelastic. Even the working day is capable of but slight expansion, and this only at a serious cost. On its scanty hours the claims of suffering humanity press hard, and the art of so disposing of that time as to do the greatest good to all, is part of the art of life in our profession. And in this the out-patient work, alike by experience and example, should be a special lesson. Remember also that to utilise properly out-patient work notes must be taken. They should not be allowed to interfere with observation, but the cases which present themselves in quick succession cannot be retained effectively in the memory without some brief record of each. Especially important is it to add to these the diagnosis and what is said of the grounds on which it is based. There is no department of knowledge in which the habitual use of shorthand makes more difference to the ability to secure the full educational power of such work, as that in the out-patient room. The brief words of comment heard there are often full of meaning, which can only be obtained

by more deliberate thought in connexion with the facts. That which is observed and received should always be systematically reviewed and re-considered. Shorthand enables such notes to be made as subserve this perfectly, and yet leave the time for observation. Personal observation should be a sedulous and constant habit, for in no disease is it more necessary and in no place more valuable than in the out-patient room, where some perseverance is often needed to secure it. When you have been told what is to be seen do not be content until you have seen it. The difference between adequate and inadequate observation, between precision and laxity, between looking and seeing, is more than a difference in degree; it is absolute, and absolute also is the enduring influence. Cultivate also the habit of noting the indications of the need for special investigation. They are often trifling in themselves, and easily passed unnoticed, but often most important in their results. A very slight readiness to turn the eyes to one side rather than to the other, for instance, may put the observer on the track of what turns out to be complete hemianopia. The faintest laryngeal sound during inspiration may lead to the detection of grave abductor palsy of the larynx. And, further, never neglect an opportunity for ophthalmoscopic examination. The routine use of the ophthalmoscope here affords a means of becoming familiar with the various unusual aspects of the normal fundus that is scarcely equalled in value elsewhere, especially where all patients have some defect of sight. It is, moreover, one of the fields of observation in which guidance from greater knowledge is almost indispensable. The wards supply also the opportunity of watching the course of those changes which result from brain diseases, and of following optic neuritis from its almost imperceptible commencement to the full swelling and subsidence to atrophy. I may remind you that it was here that Dr. Hughlings Jackson discovered the fact, for a long time received with scepticism, that a high degree of optic neuritis is consistent with normal vision.

Indeed, as the diseases of the nervous system touch, on every side, those which are called general, so they bring us into relation with almost every department that is called special. We are fortunate in having on our staff men of high eminence in each special branch in which such help is needed. One of the chief elements in the teaching we propose to give is a course of systematic instruction, which will embrace the ophthalmoscope as an aid to diagnosis, and the study of the ocular palsies, external and internal, by Mr. Marcus Gunn; laryngeal and throat symptoms by Dr. Semon; and the surgical topography of the nerve centres and surgery of the nervous system by Mr. Horsley and Mr. Ballance. On other subjects systematic instruction and training will be given by members of the medical staff, such as the structure of the brain and spinal cord in relation to the symptoms of disease, the investigation of symptoms in general and also of special symptoms in particular, motor, sensory, and other; the use of electricity alike in diagnosis and treatment; while the study of the pathology of the nervous system will be, as I have already said, a special object.

Besides these arrangements we propose to continue the weekly clinical lectures by one or other of the senior physicians to the hospital. In these, special cases will be the subjects of study; and I desire to impress on you two ways in which you should strive to make the cases to which you give particular attention of special educational value. The first of these relates to diagnosis. Those who study here generally feel some surprise at the number of cases in which the name of the disease seems to be regarded as comparatively unimportant. They notice sometimes that the house physician has to ask the physician, "What am I to call the disease, sir," and that the question is received as one which had scarcely seemed worth thinking about. This may be a slight exaggeration, but it is a fact that one of the lessons learned here is that in the case of a large number of diseases, especially the degenerative diseases, the names and types by which a knowledge of them is first acquired are treated as a hindrance and not a help. Half the cases, or more, are of a wrong shape or size to go into any pigeon-hole we possess. It is necessary to discern from the symptoms the seat and extent of the morbid process—from the course and causes and concomitants, its nature—and then you may give it a name if you have one for it, or the nearest that does not convey more untruth than truth. Not only is this the only possible method to adopt with a vast number of diseases, but it has the advantage of taking the mind directly to the elements in the case on which treatment depends, for a case can be treated perfectly well to which you cannot apply any short designation. Moreover, it facilitates a most important habit the acquisition of which should be a constant intentional effort here. For an accurate forecast, and for the selection of wise therapeutic agencies it is essential to form a mental picture of that which you have to treat. You must endeavour to perceive both the primary morbid process and the processes which this causes and on which, in many cases, the manifestations of the disease depend. The primary morbid process is the immediate cause of the symptoms only in the diseases which are truly of the nervous system, which are diseases primarily of the nerve structures themselves. In disease only adjacent to the nerve structure it is not so, the primary process does not cause the symptoms directly, and a frequent source of error in prognosis and of unwisdom in treatment is want of the discernment of the fact. I have already in another relation mentioned that a large number of morbid states, which are called diseases of the nervous system, because they are manifested by nerve symptoms, are diseases of structures which are only near the nerve elements. The symptoms depend on the latter, on their irritation, inflammation, compression, necrosis, &c.—processes which are much the same, whatever be the nature of the disease that causes them. If the primary disease is syphilitic the symptoms are immediately due to these secondary processes, which have no pathological relation whatever to syphilis and run their independent course, often persisting for long after the primary disease is entirely removed. If a syphilitic gumma has caused paraplegia, such a mental picture is obviously most helpful. Take again a very simple illustration. A patient is suffering from complete paralysis of the extensors of the wrist, due to pressure on, and inflammation of the musculo-spiral nerve a fortnight before; you find that faradaic irritability, which depends on the nerve endings, is lost in the muscles, while voltaic, depending on the muscular tissue, is preserved. The picture you should form is that of acute but quite transient damage to the nerve at the spot, sufficient however to cause secondary degeneration of the fibres below the lesion. You know that by this time, the traumatic inflammation is all over, and there is little or nothing there to treat. You know that after such a lesion regeneration always takes place, but that it is often months before it suffices for the full conduction of the voluntary impulse, and that all you can do is to promote the maintenance of the muscular nutrition by the application of voltaic electricity and secure patience during the period of waiting. So with every other disease. The habit of endeavouring to form a distinct mental picture enables you to perceive more clearly all the practical points involved and to feel more confidence regarding them. A case happens to be now in the hospital which illustrates the distinction of the processes which cause the symptoms from the primary diseases which are not of, but only in, or near, the nervous system. And it illustrates also another fact regarding the institution which I must on no account omit to emphasise. The patient has been re-admitted that we may ascertain his present state. He came in a year ago because he presented symptoms of a tumour damaging the spinal cord at the upper part of the lumbar enlargement, and they indicated also that the tumour was outside the cord and had interfered with it by pressure or secondary inflammation. So he was taken in and Mr. Horsley operated. When he removed the laminæ of the vertebræ over the assumed seat of the growth, there was presented to his view that which had never before been seen in any living person—hydatid disease of the bone of the spine projecting into the canal and pressing on the cord. It has been found about a dozen times after death, but never during life. The whole of the disease was ultimately got away; the certain speedy death—for his state was most grave—was averted, how effectually we may see if you go into the wards; but unfortunately the pressure was on such structures, and had been so long-continued, that the amount of recovery of power and sensation has been partial. He can, indeed, move freely some parts that were absolutely paralysed, but he illustrates a fact that is frequently met with. A grave procedure is put off until its full success is impossible, because the reason for it has to be self-evident to the sufferer. There is, indeed, hardly any duration or degree of compression of conducting tracts which is beyond recovery, if only the cell bodies remain, on which the fibres depend for their life. If

their vital influence persists, regeneration occurs when the cause of degeneration ceases to act. But it is otherwise if these cells are themselves the subjects of compression; they perish and they cannot be renewed. This is again a reason for adequate knowledge on the part of the general practitioner.

This case reminds me that I have scarcely yet glanced at the surgery of the nervous system, which you will have an opportunity of observing here—that latest result of the influence on a practical art of a science almost unconnected with it. The operations which you will have an opportunity of watching here may be to most of you a matter only of interest and wonder, but the opportunity for observing the subsequent course of the cases and the results will be more definitely instructive; and there is one element in the surgical work which will assuredly be of service to each one, and which will be fully at your disposal. It is the grounds on which the operation rests, the reasons which determine or forbid the procedure, the evidence that it is justified by the expectation of relief or of cure. It may fall to the lot of few of you to undertake such operations, although in every group of students there will be some who, far from experienced skill, may have no choice except to endeavour thus to save a life. But it is certain that to each of you the question will from time to time present itself for definite answer, Is it possible or probable that an operation in this case can do good? Can I decide the question or should I remit it to another? Moreover, the knowledge of what has been done has permeated the popular mind, and has been transformed by the forces of anxiety and earnest longing into the belief that there is almost no chronic malady of the brain which an operation may not cure. The decision is sometimes difficult on account of the extreme differences between cases. The diversity of manifestation of every kind of disease of the nervous system is, as I have said, one of the facts which make the study of such cases on a collective scale of such importance. But if you take the needful pains to perceive the reasons for the surgeon's help in every case, and endeavour to discern the laws that underlie them, you will find that these principles will serve you even in cases of quite different aspect and will enable you to decide not only correctly but with confidence This is, remember, the golden thread which runs through the warp and weft of medical education. Nature is ever repeating herself and never repeating herself. The most diverse forms consist of the same elements; ever-varying results are due to the operation of the same laws. As I have urged, in each conclusion which is brought under your deliberate notice, be it regarding the causation, the diagnosis, the prognosis or treatment of a disease, endeavour to trace the steps of the reasoning by which it is reached. If you adopt this system you will find after a time that the reasoning has begun to shape itself on the same lines; you will presently find that you are able to draw an inference for yourself which turns out to be the same as that which you afterwards find is reached by those from whom you learn, and general principles will establish themselves in the mind, it may be unconsciously, on which you feel you can rely. You must persevere in the deliberate effort, but after a time that will become easy which at first was laborious, and you will feel by experience that which you have at first to take on trust.

I have only spoken incidentally of that which is the chief object of all your study and the end for which you gain your knowledge, the treatment of the diseases met with here. You know well how various is the degree of that which can be done in this class of diseases—that it is sometimes large and sometimes very small. Such a hospital as this is often the last resort of patients on whom good knowledge and experienced skill have been already spent without result. Yet you will learn by observation, I am confident, far more than you would think, that good can be done when least expected. You will have under your notice, sometimes in a most impressive way, the importance of perseverance in therapeutic effort, greater perhaps than you might think reasonable. Only last week a patient was seen who three years ago lay here with complete motor and sensory paraplegia almost to the waist, and with paralysis of the bladder and rectum. It was not one of those acute diseases or traumatic processes in which great spontaneous improvement is familiar to us, even after a long time. It was a case of gradual onset such as to raise the question whether it might not be a slowly-growing tumour and the possibility of operative relief arose. But the disease was in the cord, not outside it; of that we could feel sure, and therefore the idea of an operation was put aside. A sub-chronic myelitis seemed more probable, and on this hypothesis treatment was arranged. Although nearly four months passed before even sensation began to improve and six months before improvement was definitely progressive, that patient has pursued his occupation now for more than two years and can walk a couple of miles without fatigue. It is an instance especially of the value of perseverance in treatment, and I may add that it thus illustrates one of the special reasons for the existence of this hospital as a charitable institution—the length of time during which patients can be treated. Theoretically, this is, of course, possible anywhere; but the constant pressure of all sorts of acute disease upon the beds practically prevents it in the cases of general hospitals.

I have had to limit my remarks to a few of the facts which are the more salient, or which, as in the case of the patient just mentioned, have been quite recently presented to notice. I have said nothing of the vast class of functional diseases, of hysteria, neuralgia, and especially of epilepsy, which constitute so large and so important a part of the work of the institution. In no cases is there more to be learned here in each relation they present, but this will very speedily be conspicuous to you. The field of definite therapeutics, of good from treatment—sometimes great and sometimes small—which would not come spontaneously, is wide and ever widening. It is widening by the addition of fresh agencies which at first are over-done but settle down at last into their proper sphere and measure. It is widening also from within, from the ability which comes from careful thought and observation to apply more effectively the means we have long had to the varieties of disease we have long known. And the present gives promise of future progress. Our growing knowledge of the chemistry of life has been accompanied by greater knowledge of the chemistry of disease, which is in part altogether new. The facts enable us to understand better the chemistry of therapeutics and to make use of it with more precision, but the systematic application of such knowledge, in this field at least, has hardly yet begun.

Gentlemen, I have done. If what I have said is for the most part commonplace, so, too, is life; so, too, is death. Neither, on that account, has less keen interest for us, nor should the commonplace in relation to preserving the one and postponing the other. The force that is uniform is ever altered in effect by conditions that are changing, and the old in this world is ever new.

THE IMPORTANCE OF BIMANUAL EXAMINATION OF THE URINARY BLADDER IN DIAGNOSING HÆMATURIA OF VESICAL FROM THAT OF RENAL ORIGIN.

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MY object in putting together these notes is to point out the assistance to be derived in some cases by the bimanual examination of the urinary bladder under anæsthesia. By bimanual examination I mean the examination with the index finger of one hand in the rectum or the vagina whilst the other hand forces the empty bladder into the pelvis by firm pressure upon the abdominal walls immediately above the pubes. It is in the male especially that I have realised the value of this method of examination. In the female it is equally, or even more, effective, because owing to the absence of a prostate gland and the facility with which the vaginal canal allows of the back of the bladder being manipulated the examination is made under better conditions than in the male; but at the same time this method of examination is of less importance in the female than in the male because it is so easy and so safe to make a direct digital examination of the female bladder after rapidly dilating the urethra under an anæsthetic. Still even in the female in an emergency, or when for any reason the direct examination of the interior of the bladder with the finger is inconvenient or undesirable, the bimanual examination will prove

serviceable. In male patients, in whom it is a serious matter (because of its involving a cutting operation) to examine digitally the cavity of the bladder, the bimanual examination will often enable the surgeon to arrive at a positive diagnosis and will at once guide him as to the procedure he ought to adopt for the patient's relief or cure. It is particularly worthy of trial in cases where there is troublesome hæmaturia—troublesome, that is, from the difficulty or impossibility which exists in keeping the bladder free, even for a brief period, of bloodstained urine, and therefore of maintaining a clear, watery medium wherein to employ the cystoscope. It not unfrequently happens that hæmaturia is attributed to renal calculus when, in fact, the seat of the hæmorrhage is the bladder. If, as is sometimes the case, the cause of the hæmorrhage is a vesical stone the diagnosis can, of course, in most instances be cleared up by properly sounding the bladder; but should the stone be fixed behind the prostate or be encysted, it can easily escape detection by the sound, and yet its presence can be ascertained by bimanual examination. In cases of vesical papillomata the sound affords us absolutely no aid, and it is in these cases especially that I have found the bimanual method of such extreme value. Its systematic employment will, I am convinced, often be the means of preventing unnecessary exploration of the kidney. The following cases will serve to illustrate the usefulness of the method.

CASE 1.—A man aged fifty-six years had a first attack of hæmaturia in April, 1896, which lasted a few days. Previously, over a period of three and a half years, he had been passing a good deal of red gravel, other slight attacks of hæmaturia followed at intervals of three and four weeks, for which he consulted Mr. Buckston Browne, who detected two ounces of residual urine in his bladder, and sounded him with negative result. Recurrences of the hæmaturia took place and a frequent aching pain in his left liver was experienced, leading to the suspicion of renal calculus. He then consulted Mr. Knowsley Thornton, who sent him to Contrexéville. Slight temporary improvement followed, but in the following September, after he commenced shooting, the bleeding returned, and frequently recurred until about the middle of January, when he had a very severe attack, accompanied for the first time with a high temperature and other signs of fever. During this attack, which lasted but little more than twenty-four hours, the blood passed was like black currant jelly. On Feb. 2nd another discharge of blood with his urine, accompanied with high temperature, occurred; and repetitions of the same were experienced on Feb. 16th, March 1st, 2nd, 3rd, 4th, 6th, and 16th. On each occasion fever and sometimes chills complicated the hæmaturia. I first saw him on March 22nd. He then looked very ill, like a man pulled down by malaria, and was greatly dreading the recurrence of fever. The specific gravity of his urine was 1015, alkaline, smelt like cat's urine (he had been and was still taking a mixture of buchu and citrate of potash), and contained a little pus and blood and a number of squamous epithelial cells and some elongated cells like involuntary muscular fibres. There was no undue frequency of micturition and no vesical pain, but he described a dull aching in his left loin, and his medical attendant, Mr. Maurice of Marlborough, stated that the patient had passed a quantity of concretions but had never had any acute pain or an attack of renal colic. A careful examination of the loin and abdomen afforded only negative evidence, but further microscopical examination of the urinary sediment pointed rather in the direction of new growth. I would not sound him then for fear of inducing an attack of fever, but arranged to do so when he was under anæsthesia, and when (as it was determined) any operative treatment which was indicated should be at once proceeded with. What made the hæmaturia in this case peculiar and important was not the amount of blood passed or the pain in getting rid of the blood clots, but the high temperature and general symptoms and prostration of fever which complicated it. I had the opportunity of witnessing one of these attacks. It came on in the early morning. After going to bed fairly well, and sleeping comfortably, he awoke, passed urine with a little blood in it, then had a rigor and a temperature of over 103° F. At the same time he expressed himself as feeling terribly ill, and was in a state of great mental distress and apprehension. In the course of the afternoon the symptoms passed off, and the next morning he was as well as the day before the attack. On March 26th, under an anæsthetic the bladder was emptied by the catheter, and the patient, placed in the lithotomy position, was examined with the finger of one hand in the rectum whilst the bladder was firmly pressed into the pelvis with the fingers of the other hand above the pubes. There was then no difficulty in making out with the finger in the rectum a hard circular flat area in the bladder wall, near the orifice of the left ureter well beyond the prostate and distinctly to the left of the median line. This discovery at once decided me on performing suprapubic cystotomy with the view of draining the bladder. On opening the bladder the growth was found to be chiefly sub-mucous and infiltrating the sub-mucous and muscular coats of the bladder, but at its centre was an ulcer, and the mucous membrane was undermined all round the margin of the ulcer, so that the finger tip could be swept round between the detached mucous membrane and the growth. This condition of things seemed at once to explain the fever and rigors as well as the hæmorrhage. The diagram (Fig. 1) gives a very good idea of what

FIG. 1.

Diagram showing a small malignant growth in the bladder which was detected by the bimanual method.

was seen and felt, except that it makes the ulcer appear rather larger than it was. It is unnecessary for the purposes of this paper to give further details of the case. It is sufficient to add that the symptoms were all relieved by the operation, that the drainage has been maintained, that there have been no more rigors or fever, and that the patient continues "surprisingly well."

CASE 2.—A man aged fifty-seven years was brought to me on March 27th, 1896, by Mr. Davidson of Upper Tooting, on account of long-standing and very severe hæmaturia accompanied by pain in the left loin and groin. He was first attacked at the end of 1889 or beginning of 1890. At first only irregular-shaped clots escaped, but gradually the loss of blood became more frequent and more severe; and since August, 1895, it had been very constant and sometimes very large. At his first interview with me his urine was highly charged with blood of a bright colour, and I was informed that it had been pretty much the same without intermission for twenty-eight consecutive days. He had throughout complained of aching across the loins, but for a long time past the pain had become localised in the left loin and left side of the abdomen. Nothing abnormal could be made out on examining the abdomen. Here, again, the question of renal calculus was raised, but it was decided that the bladder should be sounded and examined bimanually under anæsthesia and that any surgical treatment indicated should be carried out at the time. After emptying the bladder with the catheter and placing the patient in the lithotomy position, the finger was passed well up into the rectum whilst the bladder was forcibly pressed down into the pelvis. There was no difficulty in detecting a soft but distinct fulness and resistance on the left of the middle line through the wall of

the bladder. The impression it caused was described at the time as like a pad of soft moss. Supra-pubic cystotomy was at once performed and a large villous papilloma was disclosed and removed. The patient made a good recovery. A diagram of the tumour is seen in Fig. 2, but it represents the growth as a little too much spread out upon the bladder.

FIG. 2.

Diagram showing a villous papilloma which was detected by the bimanual examination of the bladder.

Remarks.—In neither of these cases could anything abnormal be felt by a simple digital examination per rectum, and it was only by the simultaneous depression of the bladder by pressure on the hypogastrium and the digital exploration per rectum that these tumours could be ascertained to exist. Anæsthesia was necessary to obtain sufficient relaxation of the abdominal walls, and the bladder was thoroughly emptied of urine by the catheter. A simple rectal examination will sometimes reveal a malignant growth which is infiltrating the prostate or the tissue between the base of the bladder and the rectum. Very rarely a malignant growth affects the front of the fundus and can be felt through the abdominal wall when the bladder is partially distended. Occasionally a large solid tumour of the back of the bladder is readily detected through the parietes; but a villous papilloma has always and rightly been described as incapable of being felt per rectum. The bimanual plan, however, can be recommended as one means of diagnosing vesical from renal hæmaturia, and may be confidently employed in the diagnosis of fair-sized villous tumours of the bladder and of small malignant growths situated higher than the neck and base of the viscus. It is noteworthy that in both the cases above referred to the vesical growth was situated about the vesical area of the left ureter and in both cases the left kidney region was the seat of pain, and the left kidney was suspected to be the seat of calculus. In conclusion, I will briefly refer to a case in which bimanual examination revealed the presence of a very large villous papilloma nearly filling the cavity of the bladder.

CASE 3.—A man aged thirty-one years was admitted into the Middlesex Hospital under my care in November, 1895. His first symptom was hæmaturia in the latter part of 1893. In February, 1895, he passed a large quantity of dark clots attended with much pain, and at the end of the same month several small calculi the size of a pin's head were voided with the urine. His attention was specially drawn to them because he heard them projected against the chamber when he was micturating. Between February and November, 1895, he passed similar stones on eight or nine occasions, and blood with his urine at intervals of a fortnight or even oftener. On applying to the out-patient department he was sounded by Mr. Hudson, but no stone or growth was detected in the bladder. On admission his urine was found to be acid, of specific gravity 1020, and to contain blood. There was no tenderness or fulness in either loin. Nothing abnormal could be felt per rectum. The patient referred to the hypogastrium as the seat of some pain. There was increased frequency of micturition and he described the hæmaturia as being aggravated by exercise. On Nov. 23rd he was put under anæsthesia and his bladder was emptied by the catheter. He was then examined by the bimanual method with the result that much the same sensation was experienced as if the index finger within the rectum had pressed against a sponge fairly saturated with blood. The bladder was then irrigated with weak carbolised water, supra-pubic cystotomy was performed, and a villous papilloma weighing over four and a half ounces was removed. As the whole of it could not be satisfactorily extirpated through the supra-pubic wound a perineal incision was also made. The patient recovered well and remains well to this date.

Cavendish-square, W.

A CASE OF ACUTE PEMPHIGUS (?).

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UNDER this heading—adopted merely provisionally—the following interesting and, as far as I can discover, unique case may be recorded.[1]

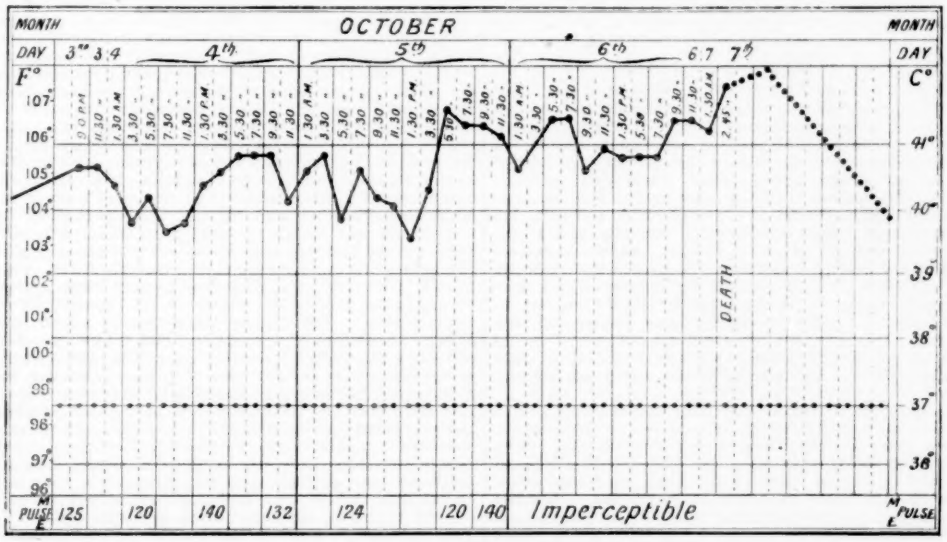
A young woman aged twenty-four years, living in London, was taken suddenly ill on Oct. 1st, 1894, with headache, backache, shivering, and pains in the limbs. On the 2nd she had a sore-throat and a rash appeared which was looked upon as the initial rash of small-pox, and on the 3rd she was sick and vomiting and was sent to the South Wharf Shelters of the Metropolitan Asylums Board, where she came under my care. As regards family history both father and mother were dead. The former had travelled abroad a good deal; he committed suicide. The latter died in child-bed. One sister died from phthisis; a second was at that time suffering from the same disease. Her two other sisters and her brother were seen by myself; one of the sisters and the brother appeared to be strumous. The patient had been very delicate from the age of ten years. At that age she was sent to the London Hospital suffering from an injury to her leg. The dean of the hospital kindly furnished me with the following particulars: "She was admitted in 1880 for acute periostitis of the right tibia; some sequestra came away; secondary abscesses formed in other parts of the body. She remained nine months in the hospital and afterwards she was an out-patient for three years. She was admitted again in 1889, when eighteen years old, suffering from acute periostitis of the right fibula; she remained for a fortnight, incisions and removal of ichorous pus having improved her condition." I am also indebted to the medical officer of Camberwell Infirmary for informing me that "she was a patient in that infirmary, from June, 1891, till June, 1892, and also from October, 1892, till April, 1893. On both occasions she was suffering from anæmia, and on the last occasion she had loss of voice, which, however, in a large measure she recovered; her health was much improved when she left." During the two years previous to coming under my care she said she had been fairly well, but had been afflicted for years with her throat and lungs. On her admission I found a scarlet rash, neither raised nor punctate, over the greater portion of the chest, back, and arms, and some on the cheeks; two slightly raised circular patches on the forehead, which were dying away and were evidently of an erythematous nature. On the right side of the neck the cuticle was raised in the shape of a large flaccid bulla and over the left side of the chest were several fairly full bullæ. All these were situated on the scarlet rash; in fact, the whole appearance of the chest was indicative of an extensive superficial scald. Her temperature on admission was 105° F. and her pulse was 125; her liver and spleen were enlarged, but there was no tenderness over the abdomen. The pharynx and fauces were inflamed; the patient's articulation was very imperfect, and her voice was weak. Constipation had existed for four days. She slept

[1] A precisely similar case has since been recorded by Dr. Robinson of the City Hospital, Liverpool, in the Brit. Med. Jour., vol. i, 1896.

little during the night, and on the next morning (Oct. 4th) the rash, or more correctly the dermatitis, bright red and uniform, was spread over the back and front of the trunk, the arms, the upper and inner surfaces of the thighs, and the neck. The feet, legs, lower parts of the thighs (except the inner surfaces of the knees, which exhibited two large bullæ on normal skin), palms of the hands, scalp, and forehead were unaffected, and one or two small patches of normal skin remained on the chest close to the axilla. Many more bullæ had made their appearance on the neck, back, arms, and abdomen; they were all of large size, the smallest as large as a hen's egg. A large one on normal skin covered each ear and the eyelids were already of a dark red hue, due to bullæ that had burst. Individual bullæ were probably most numerous on the outer surface of the arms, but on the back and, collar-like, around the neck the bullæ had merged into one another, so that, notwithstanding careful nursing, more than half a square yard of cuticle came away early next morning from the back and smaller pieces at later intervals came away from the arms and chest. Thus, about half the trunk was denuded of epidermis, leaving a very tender, red moist surface. Bronchitis, which had begun on the previous day (Oct. 4th) was much worse. Her pulse was small and weak, and in the evening 140 and so feeble that if her arm were raised even a few inches off the bed it ceased to be felt. Her throat was very inflamed and red; there was no membrane. The patient was wandering in her sleep and also at times when awake. When spoken to she answered intelligently and was fully conscious. On the 6th the pulse was imperceptible during the entire day. Floccitation was present. The patient wandered a good deal, although she recognised and understood her friends. Breathing became irregular towards midnight, and she died early on the morning of the 7th, having been ill about five and a half days. The temperature, as will be seen by the chart, was about 106° on the average, and preceding death it rose to over 107°. The urine had a specific gravity of 1030; albumin was present, about one-twelfth on Oct. 3rd and 4th, and on the 5th it rose to one-third; sugar in small amount was also present. The treatment was entirely palliative.

Necropsy.—At the necropsy, made at the South-Eastern Fever Hospital, tuberculous changes in the apex of the right lung were found to have taken place; there was adherent pleura; a small ulcer was found on the epiglottis; the liver weighed 55 oz.; and the kidneys were slightly congested, the capsule being non-adherent. The brain and heart were normal in appearance.

Remarks.—The diagnosis presents difficulties, and it is with the view of eliciting opinions from those who have had experience of like cases that I record this one. I may point out, however, that it had no connexion with noxious food or drugs and that none of the recorded cases tally with it. Dr. Payne's and Dr. Southey's cases cannot lay claim to be called acute, but rather sub-acute, pemphigus. Sir Dyce Duckworth's case, though acute and ending in death and presenting albuminuria, does not present bullæ on an inflamed skin or a very high temperature. Bullous erythema is, I think, out of the question. A specific fever of an intense type it might be. The chief interest of the case, however, attaches to the pathology of a dermatitis so intense as to simulate in many ways a scald, bearing in mind also the existence of bullæ on perfectly normal skin.



A two-hourly temperature chart of the above case. It will be seen that from the evening of the 5th there was a sustained higher temperature, on which day very large portions of skin had come away. The temperature continued to rise for some hours after death.

A CASE OF FÆCAL FISTULA DUE TO SELF-MUTILATION OCCURRING TWICE IN THE SAME PATIENT;

TREATED ON EACH OCCASION BY ABDOMINAL SECTION AND ENTERECTOMY: (1) BY WIDENHAM MAUNSELL'S OPERATION, AND (2) BY MAYO ROBSON'S BOBBIN; RECOVERY.

BY F. BOWREMAN JESSETT, F.R.C.S. ENG.,
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FOR the notes of this case prior to her admission to hospital under my care I am indebted to Mr. Pounds of Derby, Dr. Macphail of Derby Borough Asylum, Mr. Christopher Martin and Dr. Malins of Birmingham, and Dr. Fausset of Tamworth, who sent the patient to me. For the notes of the case during the time she was under my care I have to thank Mr. A. White, my house surgeon.

An unmarried woman aged twenty-three years was admitted to hospital under my care on Dec. 9th, 1895, suffering from a fistulous opening in the abdominal wall communicating with the intestinal canal. There was nothing of importance in the patient's family history. She commenced to menstruate at thirteen years of age, and her periods were always regular and normal until she was eighteen years of age, at which time they were accompanied by severe pain. She stated that she was told that both her ovaries were

diseased. Upon this point Dr. Pounds wrote to me as follows: "The patient came under my care in December, 1891, suffering from profuse metrorrhagia repeatedly threatening a fatal termination. Her face and hands were covered with scars due to falling when in a state of syncope from loss of blood. Medical treatment failed to stop the hæmorrhage. On examination I found an ovary the size of a small orange firmly fixed to the bottom of Douglas's pouch. I recommended the ovaries and tubes to be removed, which was done, the prolapsed ovary being the size of a Tangerine orange and a perfect specimen of chronic cystic ovaritis. The other ovary was fairly healthy. She did very well for the first ten days, when she suddenly developed all the symptoms of gastric ulcer, vomiting so incessantly that latterly nothing was given by the mouth, and she was fed entirely by rectum for ten weeks. Epigastric pain most severe, accompanied with some hæmatemesis. At the end of ten weeks I began to suspect a neurosis, either central or reflex, and the possibility of an adhesion to one of the ovarian pedicles made me re-open the abdomen, and I found a loop of ileum tightly pulled down and adherent to the left pedicle; this I separated. She made a good recovery, all sickness ceased, and she left the hospital cured. Some months later she came to me complaining of inability to retain her urine, and on examination I found her urethra completely slit up into the sphincter with complete incontinence. I was utterly at a loss to account for this and advised her coming into the hospital. I heard nothing further of her for some weeks, and then was told she was pawning, stealing, and selling everything to get laudanum and that she was drifting into dementia, and she had ultimately to go into our Borough Asylum."

Dr. Rutherford Macphail has kindly written to me a short account of her sojourn in the asylum: "She was a patient there in 1894 from Jan. 18th to April 28th, her history being that since she had left the hospital she had taken to drink and drugs, pawning everything in the house to obtain these articles. She had taken laudanum and ate poison a fortnight before admission with suicidal intent. She was hysterical before the operation at the Derby Hospital and became mentally worse after the operation. When admitted there, and for the next two days, she was distinctly depressed and emotional, said she was tired of living, and wished she were dead. She refused food and had to be fed artificially. On the third day she became hysterical; she sang hymns and shouted for hours together, gesticulated, and was indecent in her conduct, tearing her clothes and throwing things about. These attacks alternated with periods of moroseness and depression. Her habits at first were very degraded. This state of affairs lasted for three weeks or a month, when she had a sharp attack of influenza, and her temperature remained high for three weeks; there were some complications that we could not make out and she became very weak and exhausted. She made a slow recovery and as she convalesced bodily she became quieter, more rational and active minded, and by the beginning of April appeared to be quite well mentally; she was discharged on April 28th and went to her home at Tamworth."

The patient next appeared at the Hospital for Women, Birmingham, and was under the care of Mr. Christopher Martin, who writes as follows: "The patient came to me in June, 1894, saying she could not hold her urine, but the origin of the incontinence has remained a mystery. Her condition was a most miserable one. The urethra was not a canal, but an open gutter; in fact, it looked just as if the urethra and bladder had been laid open from the meatus to an inch below the cervix. The fore-finger could easily be passed into the bladder. I performed a plastic operation, but with poor success. She returned home, and re-appeared in a few months with the original rent as bad as before. I felt sure she had been tampering with herself and charged her with it; I need scarcely say she indignantly denied it. I made a second attempt to close it and again failed, after this I lost sight of her."

The patient appears to have next come under Dr. Malins' care at the Jaffray hospital, Birmingham, who seems to have done an exploratory abdominal section and to have found chronic peritonitis. The operation wound healed and the patient was discharged. She, some months afterwards, was re-admitted, having in the meantime had a fæcal fistula form in the scar which was supposed to have been self inflicted. During her stay in hospital she got some opium pills which she took, and was very ill in consequence. She was discharged and sent back under the care of Dr. Fausset of Tamworth and was an inmate of Tamworth union infirmary, whence Dr. Fausset sent her to me.

The condition of the patient when admitted under my care was as follows. She was fairly well nourished and well developed and was intelligent. She was highly neurotic, sly, and deceitful. This had been discovered by the nurses in charge of her, who had reported many acts of deceit. She took a great interest in her condition, on which she talked readily. Except for fistulæ, vaginal and abdominal, there was no disease. Her thoracic and abdominal viscera were normal. She passed urine freely and without pain. There was a slight discharge of urine at times from the vaginal fistula. She never had a natural evacuation of the bowels unless after an enema, and then not always. Her appetite was fair. The urine was normal. In the middle line, midway between the umbilicus and pubes, was an opening barely admitting the little finger, through which flatus and undigested food, together with a thin, watery fluid, escaped from time to time. The skin around was puckered and excoriated and was very tender. The whole abdomen was tumid but not markedly tender. Two and a half pints of soapy water were injected into the rectum, some of which appeared at the abdominal opening. The fluid which escaped from the fistula consisted of a clear, faintly alkaline liquid, not viscid, containing portions of undigested food. The vaginal fistula was strictly not a fistula at all. The urethra was practically absent in its anterior two-thirds and was replaced by a furrow with clean-cut edges in the vaginal roof. Very little urine escaped except during the act of normal micturition. On Dec. 10th a draught of bismuth and soda was ordered for vomiting and pain after food. As the patient was in constant pain from the excoriated surface and did not sleep a quarter-grain morphine suppository was ordered every four hours and the skin was smeared ever with iodoform ointment. The suppositories were omitted when she seemed free from pain. On the 12th, at 5 30 A.M., the house surgeon was called to see the patient as the nurse could not rouse her and she "seemed queer." She was found to be cold, almost pulseless, and in a state of profound collapse. The pupils were contracted and the breathing was infrequent, irregular, and sighing. She was to all intents and purposes *in articulo mortis*. The nurse stated that the patient had not had a suppository since 10 P.M. and that she had had only three in the previous twenty-four hours. She could not be roused nor could she swallow. Morphia poisoning was diagnosed. Hot bottles were placed round her and she was wrapped in hot blankets. Strychnia muriate ($\frac{1}{10}$ gr. in 20 minims of brandy) was given. Two ounces of beef-tea and half an ounce of brandy were given by the rectum. The pulse improved considerably from being almost imperceptible, and the patient could be roused, but she soon sank again into her previous condition. An enema of hot coffee was given and she was kept warm. This resulted in a slight improvement. Half a pint of hot coffee and half an ounce of brandy were given every two hours and beef-tea by the mouth when possible. At 10 A.M. the condition improved; the pulse was better, but the patient was still unconscious. At 12 noon a relapse occurred; strychnia ($\frac{1}{10}$ gr.) was given and the coffee was continued. At 4 P.M. there was much improvement and the pulse and breathing were much stronger. She could swallow and could be roused. She was very sick. Five minims of tinctura nucis vomicæ and ten minims each of tinctura belladonnæ and spiritus aetheris sulphurici were ordered. The urine had been passed under her; nothing passed by the fistula. The urine reduced Fehling's solution to thick green precipitate. There was no result with phenyl hydrazin hydrochlorate beyond a brownish precipitate; this was probably due to glycuronic acid after morphia. After this the patient improved rapidly. The reducing power of the urine gradually disappeared and was absent on the third day after the onset of this condition of collapse. On the 17th nitrous oxide gas and ether were administered, $\frac{1}{10}$ gr. of strychnia having been previously injected under the skin. Mr. Cotterell assisted at the operation. In the early morning the patient had had half-an-ounce of castor oil, at 11 A.M. one ounce of brandy and four ounces of beef-tea by the mouth, and at 1 P.M. two ounces of brandy and three ounces of beef-tea (peptonised) by the rectum. The fistula was enlarged and a portion of the small intestine was found to be adherent to the scar of the previous section.

This was excised for about four inches and the intestine was united by end-to-end anastomosis by Widenham Maunsell's method. The peritoneum was cleansed and the wound sewn up with silkworm gut. The patient stood the operation well.

On the following day, after a fair night, although some vomiting occurred, she was ordered two ounces of milk every two hours with Benger's food. Half an ounce of brandy was to be given every four hours. She complained of flatulence and some pain. On the 23rd, the bowels having been opened *per vias naturales* every day since the 19th, she had boiled fish and jelly for her meal. There was no sickness or pain after. The sutures were removed on the fourteenth day, the wound having healed without a symptom. The excoriation healed under cimolite dusting powder. After this the patient went on quite well, being detained for a sore place on the hip due to a slight burn from a hot-water bottle which occurred on the occasion of the morphia poisoning. On Jan. 29th she was told to make arrangements to go home, the wound being quite sound. At 1 P.M. on that night the house-surgeon was called to see the patient, who was said to be bleeding. He found a clean incision about one and a half inch long and half an inch deep in the cicatrix of the abdominal wound. It was drawn together with strapping. The patient was watched carefully and a blood-stained handkerchief was found under her pillow. The wound became deeper and deeper, and finally, on Feb. 1st, a fæcal fistula again established itself. On Feb. 3rd she was in much the same condition as on admission. There was a well-marked intestinal fistula. The skin was very red, excoriated, and tender. The abdomen was tumid and tender. She was very hysterical, lacrymose, and depressed. She denied having touched the wound when taxed with doing so. She continued to be in much the same condition up till Feb. 25th, when I performed another operation; the fistula was enlarged and four and a half inches of gut were excised and united end to end by Mayo Robson's bobbin. She stood the operation quite well. The portion of bowel removed was on examination found to be quite distinct from that removed at the first operation. On the 26th she had a restless night and was very sick. Flatulence and abdominal pain occurred. Three ounces of beef-tea and half an ounce of brandy were given every four hours as an enema. A nutrient suppository was also administered every four hours. Barley water in small quantities was given from time to time. On the 27th the patient was better. There was no sickness and the pain was less. One drachm of Brand's Essence was given every three hours by the mouth, thin Benger's Food every hour, and a nutrient suppository every four hours. On the 28th the bowels were well opened. The same diet was continued with the addition of one ounce of beef-tea every two hours. On March 3rd the diet was the same. No pain was experienced. There had been no rise of temperature since the operation. On the 4th she was improving steadily. There was no pain and the wound was quite healthy. She was ordered to have fish. On the 7th she was on ordinary light diet. Her condition was quite good and the wound was healthy. The bowels were opened freely daily. From this date till her discharge on March 30th she made a steady recovery without any complication. Her dressings were sewn on and the wound and abdomen were covered over with collodion-wool and rubber plaster. The whole was covered by a stout linen jacket and drawers which were sewn on so that she could not possibly reach the wound. She was discharged from the hospital, and placed under the care of her friends quite cured and in good bodily health.

Remarks.—When the patient was first admitted under my care we knew nothing of her previous history so far as the unsoundness of mind was concerned, and it was only when she opened up the wound and established the second fæcal fistula that it was suspected that she had inflicted the injury upon herself. There is one thought which cannot escape notice in this very remarkable case, and that is, notwithstanding the number of operations she had undergone and the injuries she had presumably inflicted upon herself, she never had any dangerous inflammatory symptoms and she convalesced in a most marvellous manner from all the operations. Is it a fact, I should be glad to learn, that persons of unsound mind do recover from severe operations more readily than people of sound mind? And, further, do people who have established an opium habit stand operative procedure better than others?

Buckingham-palace-mansions, S.W.

POST-PARTUM HÆMORRHAGE AND ITS TREATMENT.

BY E. STANMORE BISHOP, F.R.C.S. ENG.,
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THERE are few situations so startling and requiring so much quickness of decision and action on the part of the medical attendant as that of post-partum hæmorrhage. All writers on this subject agree in this, and all medical men who have ever had to deal with a case will most heartily confirm this dictum. Unfortunately, they agree in little else. There is, considering the gravity of the subject, a painful uncertainty in the advice of authorities, a most unfortunate tendency to multiply resources—in all such cases an infallible sign of weakness and of doubt as to their entire trustworthiness—and in consequence there is left in the mind of the reader a miserable confusion, and in place of the absolute certainty which should exist, that he is doing the one and only thing which will succeed if the case is not entirely hopeless, he is driven to try first one thing and then another, giving neither time nor opportunity enough for either to act properly, and only seeking, when all is over and the patient is dead, to be able to comfort himself with the barren and unavailing consideration that he has left nothing untried; that from sousing the patient with hot and cold water, through intra-uterine injections of perchloride of iron, vinegar, hot and ice-cold water, to hypodermic injections of ether, strychnine, and ergot, all the multitudinous suggestions of every author under the sun have been religiously put in practice for a space of a minute or two each, to be immediately replaced by something else, which as likely as not is the absolute opposite of the last measure in its method of action. "Do not lose precious time," is the one driving thought. If a response is not obtained in a minute or so from ergot give it up; try strychnine; at the same time pass the hand into the uterus, clear out clots and placental remains; put in a lump of ice; inject hot water; inject perchloride of iron; pour cold water from a height on to the abdomen, careless of the soused bed and absolutely certain pneumonia which will follow; flick the abdomen with a wet towel; plug the uterus; irritate the interior of the uterus with the hand; knead the outside of the uterus; use the battery—which is never there, &c. The patient is tossing about the bed, gasping for breath, deaf, crying for help, to be let alone, to be allowed to die. Which is the more to be pitied, the more utterly demoralised—the patient or the practitioner? And this is no fanciful sketch. The originals of it may be seen any day—may, likely enough, be in actual action at this moment. I am confident that no practitioner of a dozen years' experience has not assisted at such a scene, whilst the authorities for the various directions given above can be found in any medical library, and nearly every individual author gives not one certain plan to follow without doubt, hesitation, or uncertainty, but half-a-dozen, with the inevitable but fatally misleading words, "If this does not succeed, try ——" some other of the six or eight or more alternatives.[1]

What is the condition which so terribly alarms the patient and all around her? In the interior of a muscular bag at the end of an open passage is a space from which blood is pouring through a multitude of small mouths, the ends of vessels which have been severed by the peeling off of their natural continuations, the vessels in the placenta. This space is similar to the rose of a garden hose-pipe. Around and between all these little mouths are muscular fibres, which, should they firmly contract, would act as so many natural ligatures, tying each and every bleeding vessel. They do not contract, the vessels remain open, and every pulsation of the heart drives more and more blood out through them until the general circulation contains too little for the vivification of the important nerve centres which govern the heart and the act of respiration and the patient dies. Why do not these fibres contract? For the simple reason that their contractile force is temporarily exhausted. This accident occurs after the muscular walls of the uterus have been doing a good day's work in expelling its contents. Various uteri, various amounts of force. Some are firm and strong and not easily exhausted; some are weak and flabby, and by the time they

[1] Galabin, third edition, p. 748, et seq.

have reached the end of the second stage they are tired, used up for the time, and require rest before they can do more. Time is all they want; time and fresh blood. How are they to get these? The blood is pouring away, the very blood which should revivify them. As it courses out of the body they themselves, in common with all the other muscles of the frame, become progressively weaker and weaker, less and less likely to recover. If they are stimulated they may at first respond by a spasmodic effort, which becomes weaker and weaker as time goes on; the more they are stimulated the greater is the eventual collapse. The surgeon *may*, if early enough, be sufficiently fortunate to get such a tetanic grip for a sufficient time as to allow clots to form in the numerous vessels. These *may* hold when the inevitable relaxation returns, and then the patient will recover; but consider the inherent improbability of this, and the chances of such a result decrease rapidly with each succeeding minute in which it does not occur. Most of the measures advised depend upon this slender hope. Stimulation is stimulation, whether it be mechanical or therapeutical. The irritation of the hand inside or out, the shock of ice, of hot water, the presence of foreign bodies inside the uterus act in the same way as, only usually more rapidly than, the hypodermic injection of ergotin or the giving of ergot by the mouth. Both depend for any chance of success upon the pre-supposition that there exists some latent contractility in the muscular uterine wall, and that this can be called out in sufficient force, and maintained for a sufficient time, to permit of the reliable formation and adhesion of plugs in the open arterial and venous mouths.

Two methods act in another way, with how much chance of success may be considered. There is the solid plugging of the uterus and the injection of perchloride of iron. Plugging at first sight seems very reasonable and likely to succeed, and no doubt it might be so but for two fatal reasons—fatal, that is, against its value as a primary and certain measure. The uterus in these cases is not a rigid bag, always the same size. The irritation of the gauze or what not used for plugging will stimulate for a few seconds the uterus to contract. When the plug is introduced it will appear to fill the uterus absolutely and to exert some pressure on its walls; but soon these walls relax; they have the entire abdomen to dilate in; the pressure is gone, blood accumulates between the plug and them, and the mischief is now the more dangerous in that it gives no sign of its continuance without. The second reason is the fact that the plug itself will become soaked with blood and become practically a huge clot in the uterine cavity, prolonging and exciting, whilst otherwise masking the actual loss. Next comes the method of injecting astringents, especially perchloride of iron. The *rationale* of its action is the formation of clots in the bleeding vessels and the stimulation by its semi-caustic action of the vessels themselves to retract and contract. So far as stimulation is concerned this measure is open to the same objections as those given above. What, then, of the formation of clots by the material itself in the vessels themselves? for it must be noted that unless they are formed there they are worse than useless, clots in the uterine cavity only favouring the continuance of hæmorrhage. The fluid perchloride of iron solution is thrown against the ends of the vessels. It is met by all the force—what there is of it—of the escaping blood, tending to wash it away from them. Unless the force used—most of which will be wasted on the yielding uterine walls—is sufficient to overcome this it is difficult to see how any, at all events sufficient, can enter; and it is to be remembered that many, if not most, of the vessels open obliquely on the internal wall, so that at the best it is but a haphazard method of proceeding. These vessels are many, of all sizes up to that of a goose-quill, at the surface of the uterine wall, but, like the opening of the rose of a garden watering-pipe, they are all supplied ultimately by one source. Directly they are the endings of one or more of four main vessels, the two uterine and the two ovarian arteries. Of these two pairs the two uterine are the most important. Barnes[2] talks vaguely of "the numerous anastomoses of the pelvic circulation," but the only anastomoses which affect the uterus are those between these two sets of arteries. Trace these upwards towards the heart and they all spring from one main source, the aorta. If, then, the aorta can be commanded they can all be commanded.

[2] Lectures on Obstetric Operations, p. 480.

Let us consider the condition of the patient at this time. The abdominal wall has been stretched to its utmost for many months over the enlarging uterus. Now the uterus is emptied of all resisting contents this wall falls limp and flaccid over the abdominal cavity. The muscles, which normally might prevent by their firm contraction, are now powerless, and many weeks must elapse before they are again capable of resisting the pressure of a hand placed upon them. In this condition it is the easiest thing in the world for the surgeon's hand to find and compress any structure in the abdomen. The aorta is placed in front of the one resisting firm material left, the lumbar spine. Between the surgeon's hand in front and the vertebra behind the aorta can be absolutely shut; no more blood can pass and no more can be lost, what remains in the vessels below the occluding hand when the driving power of the heart is shut off tends to clot, especially at their open extremities; what blood remains in the circulation above is kept for the use of the all-important nerve centres, and as more and more blood comes in from the veins, especially of the lower extremities, for the vena cava is carefully avoided, this reserve increases, and respiration and circulation in the most important parts is increasingly provided for, whilst all the time the tissues which require rest, the ultimate ligatures, the uterine muscular fibres, are obtaining and profiting by that rest and becoming more and more fit to do the work of which they are perfectly capable when once they have recovered their condition. When necessary time has elapsed and their contractility has returned, then, and then only, is the time for their stimulation. By this time the ergot given has had time to become absorbed and finds responsive material on which to act. Mechanical stimulation such as kneading then has some chance of eliciting a due response; before it had little or none.

Compare the obvious duty in this case with the parallel obvious duty in ordinary surgery. A man's leg is rapidly cut off by a circular saw. From a multitude of small and large arteries spurts the arterial blood. In a few moments, unless prevented, the amount of available blood in the body will sink below that necessary to keep going the most important nerve centres. What is to be done? Should the surgeon set to work methodically to tie all these vessels from the raw surface? Should he douche the wound with hot or ice-cold water, or should he pour styptics over its spouting surface? No surgeon would hesitate for a moment to compress the main vessels at once and then tie them in detail, and not until all were secured would he relax the pressure. Suppose, after all, the patient died. Would there be an atom of doubt in his mind as to whether he had done the right thing—whether he had not better have applied ice, or hot water, or liquor stypticus, or Monsel's solution, or have squeezed the raw surface, or used the battery? He would laugh at the idea, because here the procedure has been settled once for all on scientific grounds, and he knows for certain the one thing he must do first; the success of all else depends on this primary duty. Why should there be any doubt in the strictly analogous case of a bleeding surface simply because it is situated in the uterus and not outside? But because he primarily compressed the main artery, would he leave undone the secondary ligature of the vessels? So here, the natural ligature of the vessels by the contractile force of the uterine fibres is the secondary, but equally necessary, measure, and the obstetrician should control the main vessel until these ligatures have been tied. He should control it until the uterine fibres have recovered and contracted. What would be thought of the surgeon who held the femoral artery for a minute and then let it go before the vessels were closed on the wound front, and what is to be thought of the advice given by some leading authorities? Playfair[3] says: "As a temporary expedient it should be borne in mind and adopted when necessary." "If it only control the loss for a few moments it gives us time to apply other measures of treatment," the other measures enumerated being "kneading the uterus, friction, compression between one hand in the vagina and one outside, ergot, ergotine, ergotinine, hypodermic ether, brandy, lowering the head, raising the feet, clearing the uterus of clots by the hand, ice in the uterus, flicking with cold towels, injection of iced water into the rectum, washing out the uterine cavity with cold water, use of ether spray, intra-uterine injection of hot water, plugging with iodoform gauze, Faradaic current,

[3] Playfair: Science and Practice of Midwifery, eighth edition, vol. ii.

bandaging of extremities with Esmarch bandages, injection of perchloride of iron, tincture of matico, tincture of iodine, vinegar." Truly an edifying list. That given by Galabin is similar. Barnes[4] says: "Compression of the aorta deserves attention. ..... Compression kept up for a minute will often control the bleeding, giving time for the reproduction of nervous power and the contraction of the uterus." In a minute "..... I have," he says, "occasionally derived advantage from it and look upon it as a momentary resource." Then drop it, I suppose, and try something else.

It is precisely this half-hearted advice, which has a dozen resources in stock and trusts none of them, which is to blame for the general muddleheadedness of mind which is bound to result from a consultation of authorities. If one thing does not succeed, try something else; there are sufficient to give two or three minutes to each before the patient dies, and there will be the comfort of knowing that even if the coroner is a medical man it will puzzle his ingenuity to suggest something of which the surgeon had not read and of which he did not give the deceased at least a taste.

But it may be said that this advice is only theoretical and that no cases are on record to prove it. I suspect that this method is in much wider use amongst practical men than one would suppose from a perusal of the literature of the subject. Men in country districts who have to depend upon their own common sense and rapid judgment in such emergencies, aided by their general surgical knowledge, must have seen and acted upon the obvious analogy between this and all other forms of hæmorrhage. Personally speaking, however, I have seen several cases in consultation and I have talked to many men who had apparently never thought of this method. Of my own cases I have had five; in all of these it has been successful. In one case seen with another medical man I arrived too late. All the other plans had been tried and the bed was soaked with blood and hot water, turpentine and iron perchloride, whilst a Faradaic battery was "sizzling" in a corner. But there was almost literally no blood left in the patient and she died two minutes after I entered the room. In six other cases seen in consultation the patients recovered, though in one or two compression had to be kept up by us alternately for over two hours. It was very interesting in all these cases to note the alteration in the beat of the aorta against the hand as compression was kept up. At first the beat was so thin and faint that it was almost doubtful whether the artery was really there. Slowly it became firmer and stronger, until at last, when we thought it safe to desist, its force almost lifted the hand with every pulsation.

Two points are of great importance. First, inasmuch as the solar, epigastric, and mesenteric plexuses lie over and around the aorta pressure must be shifted upwards or downwards from time to time. The pressure on the aorta does not matter, but too-long-continued pressure on any one point of the sympathetic does. Secondly, when pressure is taken off ultimately it must be very gradually done. The uterus should be felt to be firmly contracted, the aortic pulse should be firm, strong, and fairly slow, and the effect of releasing the current should be most carefully watched. If there is the least return of flow the uterine ligatures are not yet to be trusted and compression must be resumed. This, then, is the primary duty. Once done and persisted in from the earliest possible moment until the desired firm contraction has been obtained and can be manifestly relied upon the patient is safe as far as any earthly means can make her, and, with the entire self-possession which perfect security gives, the medical attendant can quietly and without needless hurry put into force the secondary measures which are to bring about the secondary result—namely, the firm and lasting uterine contraction. All these secondary measures require an appreciable amount of time for their satisfactory action; moreover, they all act best upon muscular fibre which is recovering or has recovered its contractility. In this alone, if for no other reason, is seen the fatal mistake of considering them as of primary importance and of wildly flying from one to the other vainly seeking for a result which the inherent conditions present render impossible or at best extremely improbable. These secondary measures are hypodermic injections of ergotine, the giving of brandy either by the mouth or per rectum, raising the foot of the bed so as to favour the return of blood from the lower extremities, where, for a time, it can be spared, the application of hot bottles round the trunk, wrapping the head in hot flannel or cotton wool, kneading gently the uterus with the disengaged hand, the removal of any clots or placental débris, which now that the main source of blood is shut off can be done with far more safety because with calmness and deliberation, and examination of the os, cervix, and perineum for tears and their repair. I am strongly of opinion that it is never wise to use ice or ice-cold water or to risk the wetting of the bed by douching. The patient must no longer be looked upon as one practically doomed, to whom the medical man is bound to do everything in order to cover his reputation at the inevitable inquest. The present danger over, he has to safeguard her future, and if he considers that bacteria invariably attack the weak and depressed he will hesitate before he still further debilitates by chill one already so greatly reduced by loss of blood. I confess that I see no reason whatever for exposing a patient suffering from post-partum hæmorrhage any more than one passing through a normal accouchement, but rather the reverse. This reminds me to point out that in order to compress the abdominal aorta it is not necessary, but rather injurious, to move the patient from the ordinary dorsal position. Lying, as she usually does, flat on the back the surgeon's hand is easily applied without even greatly disturbing the coverings of the bed, and as much or more care should be taken to avoid any cold as would be taken in any ordinary case. The ulnar surface of the closed left hand—the surgeon standing on the right-hand side of the patient—should be laid gently but firmly across the aorta, which should then be compressed against the spine, whilst the right hand should feel for and compress the uterus. The hands may be changed from time to time, but the compressing hand should never be lifted until the other is in position above or below it and has taken up the control of the vessel. The time during which compression is needed will vary with every case and must depend wholly upon the cessation of hæmorrhage and on no other factor. It is convenient, and sometimes necessary, to have an assistant at hand, who may relieve the tired muscles of the original attendant. The elastic pressure of the hand is in every way preferable to any rigid tourniquet or compressor of any kind. From first to last, however, in every case, whether complicated by retained placental fragments, torn cervix, or any other condition, the one and only measure of primary importance in the treatment of post-partum hæmorrhage is compression of the aorta.

Manchester.

[4] Loc. cit., p. 479.

METATARSAL NEURALGIA OR MORTON'S DISEASE, WITH FOUR CASES.

By A. H. TUBBY, M.S. LOND., F.R.C.S. ENG.,

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THIS affection was first described by Dr. Morton of Philadelphia in 1876 under the title of a "Peculiar Painful Affection of the Fourth Metatarso-Phalangeal Articulation." Since that date it had been variously called "Metatarsal Neuralgia," "Metatarsalgia," and "Anterior Metatarsalgia." Whilst Morton's description in the main holds good an examination of cases shows that the affection is not limited to the fourth metatarso-phalangeal articulation, but is found to occur quite as frequently about the head of the third metatarsal bone and less often about the head of the second so that the condition may be described as neuralgia situated in the anterior part of the foot. With reference to the etiology of the disease there can be no doubt that the rheumatic or gouty diathesis is marked in many cases, but its onset is determined by a blow or strain. In some cases, however, it is brought about by long standing and walking, especially in narrow boots, and occasionally some degree of flat-foot is present In fact, the disease is a condition of painful flattening of the transverse arch at the heads of the metatarsal bones. The symptoms are as follows. 1. Pain. The attention of the surgeon is first drawn by the patient to the pain which he suffers in the anterior part of the foot. It is not, however, entirely confined to the foot, but, starting about the head of the third or fourth metatarsal bone, is reflected up the limb. Frequently

it is intense and paroxysmal and renders locomotion impossible in the latter part of the day. As a rule no redness is present, but in Case 3, detailed below, considerable congestion of the affected foot came on from time to time. Whilst at rest the patient suffered little or no inconvenience and could start on a walk without any discomfort. In a short time the pain commenced and the feet felt hot. These symptoms were much exaggerated on going into a warm room. Relief could only be obtained by removing the boot and grasping the instep firmly. On two occasions during a severe attack of paroxysmal pain I noticed a redness present over the first and second interspaces. The pain, however, is not always of this acute character, but is of a dull nature aching constantly. 2. Deep tenderness is present about the heads of the third or fourth metatarsal bone. 3. The affected foot is broader across the heads of the metatarsal bones than is normal—i.e., there is obliteration of the anterior transverse arch of the foot. 4. On examining the sole a large corn may often be seen beneath the heads of the third or fourth metatarsal bones, which are felt to be prominent in this situation. The character of the pain, the presence of a corn under the heads of the third or fourth metatarsal bones, and the prominence of either of them as felt from the sole, are diagnostic of the disease. 5. A peculiar twist is present in the foot. It is found to be twisted inwards in front of the tarso-metatarsal articulation, so that the base of the fifth metatarsal bone is displaced outwards, and being pressed on by the boot often becomes tender and has thickened skin over it. 6. The impression of the foot is typical. There is a bulging instead of a re-entering angle behind the ball of the great toe.[1] In illustration of these points I may quote some of fifteen cases I have met with.

CASE 1.—The patient was a man aged twenty-one years, whose business necessitated him to stand all day, worked at a paper-mill. There was no history of gout or rheumatism. He complained of a pain beginning during the morning in the right foot. It increased in intensity and became burning and smarting, and finally was so severe that he was obliged to stand on the left foot only. On examination there was some degree of flat-foot, but the position of the pain was not that usually associated with flat-foot. It always began between the heads of the third and fourth metatarsal bones, and radiated thence up the leg. There was also a distinct tenderness on firm pressure over that spot. By pressing firmly the bases of the metatarsal bones together I temporarily relieved the pain. The head of the third metatarsal bone was felt to be more prominent from the sole of the foot than its neighbours, but there were no corns present. The symptoms in the left foot were similar, but less in degree. He was advised to wear a leather instep-piece, which could be laced firmly around the bases of the metatarsal bones, and boots with moderate heels, broad soles, and valgus pads in them.

CASE 2.—The patient, a man aged thirty-nine years, consulted me in September, 1894. His occupation compelled him to stand most of the day. His chief complaint was that of pain on the outer side of the right foot. His father had suffered from gout but he himself presented no definite signs of that trouble. On examination of the right foot a peculiar inward twist at the tarso-metatarsal articulations was noticeable. The base of the fifth metatarsal bone was prominent, painful, with a false bursa on the outer side. There was dull aching about the head of the third metatarsal bone, but the pain had never been paroxysmal. The arch of the foot was somewhat lowered, and on examining the sole a large corn was seen beneath the head of the third metatarsal bone, and this seemed to have dropped downwards from its neighbours. The boots he was wearing were narrow in the tread and very pointed. He was advised to rest the foot entirely for a fortnight, and to get a boot made, fitting tightly round the instep and very broad across the tread, as it seemed highly probably that the displacement in the anterior transverse arch of the foot arose from the pressure of narrow boots on that region. It was also suggested that the leather of the boot should be blocked out over the base of the fifth metatarsal bone and a small valgus pad placed beneath the instep. One month afterwards he expressed himself as much relieved.

CASE 3.—A man, aged thirty-two years, consulted me for paroxysmal pain in the front part of the right foot. This become so severe at times as to prevent him moving about. He had played much cricket and had frequently been struck by the ball on the dorsum of the foot. The boots he was wearing were highly fashionable and no doubt conduced to the perpetuation of the pain. This was worse in the evening and occasionally became agonising when he was in a warm room. It was accompanied by considerable redness and extreme tenderness in the first interspace. Relief was temporarily afforded by removing the boot. On examination the peculiar inward twist above mentioned was present, the base of the fifth metatarsal bone was prominent, the arch of the foot was slightly depressed, and there was depression and enlargement of the second metatarsal bone. Relief was gradually obtained by boots constructed on the same plan as in Case 2. He was also advised to soak the feet in hot water containing one drachm of bicarbonate of soda to the pint, and citrate of potash was given internally. It is of interest to note that one of this patient's sisters consulted me subsequently on account of osteo-arthritis.

CASE 4.—A medical man aged twenty-five years consulted me in July, 1895, on account of pain and difficulty in walking—in fact, he hobbled rather than walked. The history of gout was well marked in the family; dull pain was present in both feet constantly, whilst at times acute attacks, lasting on and off for a fortnight occurred and completely laid him up. In the soles of both feet the head of the third metatarsal was more prominent that its neighbours, with a large corn over it. The arch in both feet was much increased and the toes were hyper-extended. So extreme was the downward displacement of the head of the third metatarsal bone on the right side that I advised its excision. He was anxious, however, to try less radical treatment, so I suggested the same treatment as in Case 2. In November, 1895, I heard that a considerable improvement had occurred.

With regard to the pathology of the complaint the pain is undoubtedly due to pressure on the digital nerves in the interspaces between the displaced metatarsal bone and its neighbours. Morton, in writing of the affection when situated about the head of the fourth metatarsal bone, gives the following explanation. The heads of the first three metatarsal bones are nearly in a line and less movable than the remaining ones. The head of the fourth is a quarter of an inch behind that of the third, while that of the fifth is nearly half an inch behind that of the fourth. The fourth and fifth metatarsal bones at their anterior extremities are very mobile. When the transverse arch is compressed the head of the fifth metatarsal bone and its proximal phalanx come directly into contact with the head and neck of the fourth, and consequently the digital nerves are compressed. Whilst this anatomical explanation suffices in the case of the fourth and fifth metatarsals, it fails to explain metatarsalgia beginning around the heads of the second and third bones. In such instances the explanation appears to be as follows. When the transverse arch gives way anteriorly the third and to a less degree the second metatarsal heads come more closely in contact with the ground than the others. As a result partly of the hereditary rheumatoid tendency and partly from its unusual pressure on the ground the head of the third enlarges owing to the formation of osteophytes. Now, if tight boots are worn the digital nerves in the second and third interspaces are pressed against the enlarged head of the third metatarsal bone. With reference to its relation to flat-foot in some cases not a trace exists, but the arch is rather exaggerated. In other cases some degree of flat-foot is present; but I take it that in metatarsalgia the falling of the arch is present rather at its anterior than at its posterior extremity.

The prognosis should be guarded in all cases; even with complete rest the acute pain diminishes slowly for a few days, and for weeks afterwards exacerbations may take place when the patient walks.

As to treatment, in all cases if evidences of rheumatoid arthritis or gout are forthcoming, these diseases should be treated by the usual but frequently inefficacious constitutional remedies. The attacks of acute pain can be relieved by removing the boot and soaking the foot in hot water. The application of extract of belladonna and glycerine is often of service. For the foot, the first thing is complete rest for two or three weeks. Gibney[2] has noticed that if the bases of the metatarsal bones are compressed the heads are separated. A boot should therefore be made to fit closely over the instep and of sufficient breadth in the tread to give

[1] Goldthwait, Transactions of the American Orthopædic Association, vol. vii., pp. 82—87.

[2] Journal of Nervous and Mental Diseases, September, 1894, p. 592.

plenty of room for the heads of the metatarsal bones. The soles must also be thick. As an adjunct a rubber bandage or a leather band may be placed firmly around the bases of the metatarsal bones, so as to separate the heads as much as possible. If the pain is not relieved by the above treatment excision of the head of one of the metatarsal bones is necessary, and I should remove that one which had the largest corn over it.

Weymouth-street, W.

NOTES OF A CASE OF PREMATURE LABOUR PRESENTING SOME UNUSUAL FEATURES.[1]

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THE interest in the following case lies in the fact that a septic condition had already become established before the advent of labour, if, indeed, it was not itself the cause of the premature delivery.

A married woman aged thirty-six years sought advice on April 26th, 1894, regarding the state of her health, which had not been satisfactory of late, and gave the following history. She had had a family of eight and was pregnant of her ninth child. All had been born at full term and were quite healthy. Since she became pregnant she had not felt well, so that her usual household duties had become a burden to her. She had lost flesh and her natural healthy complexion had given place to one of bilious or coppery tint. From about one month after menstruation ceased she became aware of a new sensation on the right side of the abdomen, which later increased to well-marked and constant pain from the third month of pregnancy until I first saw her on the above date. She was unable to assign any cause for this pain, and she did not remember having sustained a blow or fall, though I questioned her very closely on this point. She came to me late in the evening because she had noticed some water running from her, and this had continued since the morning. I visited her on the following morning, when her temperature was 101·5° F. and the pulse 90. The tongue was furred and the bowels were constipated. The fœtal heart sounds were weak; there was slight general abdominal tenderness, with one very tender spot on the right side about the middle of a line running from the right anterior superior spine to the umbilicus. Examination of the liver and spleen gave negative results and the chest organs were healthy; her urine was scanty and highly coloured, acid in reaction, and free from albumin and sugar. Examination per vaginam revealed that the os was slightly dilated, but not sufficiently so to admit the finger. With a speculum I was able to satisfy myself that the water she spoke of as coming from her was flowing from the uterine cavity; this fluid was rose-coloured, quite watery, and had a peculiar heavy, sweet, sickly odour. She was ordered a dose of castor oil and to be kept warm in bed. At 4 P.M. the same day I was sent for and I found her suffering severely from pains in her back, arms, and legs; her temperature had risen to 102·5° and her pulse to 110. She had much frontal headache and a dry, hot skin, but the backache put everything else into the shade and she was crying out urgently for something to relieve it. I ordered her to have ten grains of sodium salicylate with ten minims of liquor opii sedativus, every two hours till relieved. I found that the os had dilated so as easily to admit the finger, and a head presentation was diagnosed. I was called to see the patient again at 10 P.M., when I found her in labour with regular and good pains, and after this the following points were noted:—1. She became more and more restless and complained bitterly of the severity of the pains, although they did not appear to me to be advancing the progress of the head in a proportionate degree. 2. She began to have shiverings which increased in severity until 11.30, when she had a well-marked rigor, her temperature at this time being 105·8° in the axilla. 3. At 11.45 she was delivered of a living male child who had reached about the middle of the seventh month of gestation. The child was healthy-looking in every respect and free from skin eruption of any kind. 4 Immediately on expulsion of the fœtus there was a gush of fluid corresponding in appearance with the fluid I have before described as flowing from the uterus the same morning, but with the difference that it was now intensely fœtid. On proceeding to express the placenta I found it to be adherent and requiring the introduction of the hand. The greater part of it was readily removed and was quite healthy, but a portion of it about the size of a hen's egg I had considerable difficulty in picking off the uterus, and when removed it was of the same colour as the fluid and its odour more fœtid, if that were possible. While removing this portion of placenta she complained that I was giving her great pain, and said, "That's where the pain has been all the time." I washed out the uterus with very hot water and gave her a dose of ergot. On the following morning her temperature had fallen to 102·5°; she was very weak and as the discharge from the uterus was fœtid I washed it out with hot perchloride of mercury solution (1 in 2000). On the morning of the 29th I was summoned hurriedly as "she had fainted," and on arrival I found her recovering from a severe attack of syncope. No cause was assigned for the seizure and examination failed to detect anything pointing in the direction of embolism. She made progress, but two days afterwards was seized with another attack of syncope, this time, however, brought on by her turning herself in bed. Again she recovered under the free use of stimulants. From this time forward she made steady progress and was allowed to sit up in bed with the help of a bed-rest on the fourteenth day. On the morning of May 16th, however, I was sent for with the same message as before—namely, that "she had fainted"—and on my arrival she was dead. On inquiry I was told that she had passed a good night and had only a short time previously partaken of her breakfast with relish; her sister, who was in the room underneath her bedroom, heard a sound as of someone falling on the floor overhead and running up at once she found the patient lying on the floor at the bedside; she raised the alarm and everything was done that had proved successful on the two previous occasions, but this time without avail and the patient never spoke. She had evidently risen to urinate (as the chamber was by her bedside) and died from syncope. This brings me to the end of this rather novel case, in my experience, and I would be greatly indebted to anyone who can throw any light on what seems to me to have been a preseptic condition. Fordyce Barker has seen some cases of a similar nature, but he does not explain how the fœtid condition of a portion of the placenta in my case came about. Can any of the readers of THE LANCET do so?

Belfast.

[1] A paper read before the Ulster Medical Society on May 3rd, 1895.

NOTES ON RINGWORM OF THE SCALP.

BY W. T. FREEMAN, F.R.C.S. ENG.

IF much has been written upon the subject of this parasitic disease of the scalp there is at all events excuse for saying more, for it is admittedly still a very troublesome disease to cure. Nevertheless, I venture to believe that it should not be the bugbear that it is to so many of us. Personally I no longer dread it, and, indeed, am only too pleased to receive as many cases for treatment as I can get. There is not any royal road to the cure. Each case has to be treated on its own merits, but there are certain general points that invariably require attention. Firstly, although it is a purely local disease, yet there are general conditions that assist in supplying a suitable soil for the growth of the parasite. Thus anything that fosters damp surroundings is undoubtedly a favourable element for fungoid development. Damp houses, ill-ventilated cellars, a damp soil, are all conditions that affect the epithelium of the scalp as well as that of the body generally. We want an absolutely dry, not a moist skin, to assist our attack. If possible, then, the patient should be placed in a house the internal sanitary arrangements of which are beyond suspicion; its situation should be fairly high and admitting of plenty of wind access; and the foundations should be let into gravel or chalk. I believe that an inland residence is superior to a seaside one, and that the presence of salt in a moist seaside atmosphere, which has been asserted to be helpful in the cure of

tinea of the scalp, is a fallacy. To salt freely and strongly applied I have given an extensive trial. I have found it the least useful of any treatment I have adopted. Indeed, I believe it to be useless and shall never waste any more time with it.

Are there any other general conditions that should be attended to? Well, the most difficult child to cure is of the fair-haired scrofulous type; therefore I believe that cod-liver oil for ordinary anti-scrofulous treatment may be aidful. I am in the habit of occasionally giving small doses of Fowler's solution three or four times a day to delicate anæmic children unless there are concomitant skin conditions forbidding its use. I do not consider this empirical dosing, for arsenic is not only an excellent tonic and blood restorer, but its effects upon the skin generally are well known. One other general point. I always order my patients upon all possible occasions to have the scalp freely exposed to the influence of the sun and air; and this for two reasons, the first being that nothing saprophytic can enjoy light and air, and the second that the less freely the scalp is covered the less moisture will there be in the intercellular spaces. This question of a hot moist scalp or of a cool dry one is of immense importance, and yet we still hear of instructions implying a more or less impermeable head covering. Of course, from time to time the head must be washed in order to assist in the removal of effete material from the hair and skin, but the subsequent drying is at least of equal importance to the cleansing, and the instructions as to this must be most carefully given. Also, there are times when a cap must be worn. It should be a light one, and should be relined daily with thin lint or permeable linen, or, if expense has to be considered, with paper.

As to all the many remedies that have been vaunted as cures for ringworm most of them will cure it in a more or less reasonable space of time. But it is not as a rule the individual remedy in itself that relieves; its method of application, together with the preparation of the part for its attack, really deserve the credit. I could not point to any one application and say this has done more good for me than any other. All the following remedies will cure it in from six weeks to three months, and occasionally a little more time than three months may be occupied. Most of them require expert knowledge both as to when they are to be applied and when to be left off. Phenol, pure, or employed as a lotion or as an ointment. The lotion may be anything from half strength to 1 in 20 and the ointment from twenty grains to two drachms to the ounce. Lotions should not be applied more than twice daily, and the whole scalp must be well dried twenty minutes after application. Ointments should be rubbed in in the interval several times in the day—well rubbed in. All this the patient's attendants can do. Another useful lotion is 1 in 1000 perchloride of mercury, which is to be used after the same fashion as the carbolic lotion. Various ointments can be used in the place of the carbolic ointment, such as ten grains and upwards of salicylic acid, twenty grains to one and a half drachms of sulphur, or ammoniated mercury ten grains to one drachm to the ounce of vaseline or of vaseline and lanoline. Creasote, ichthyol, nitrate of mercury, chrysarobin, the oleates of mercury, each in various combinations. When to use one and when the other does not generally very much matter, but sulphur or salicylic acid when the combination of the disease is seborrhœic and ammoniated mercury when it is inclined to be pustular. Probably a mixture of lanoline and vaseline is as penetrating a base as we can get. The medical attendant should once or twice a week, at his discretion, make a stronger application to the worst spots; such are absolute phenol, a salicylic paste, Coster's paste, and croton oil. I do not consider that croton oil stamps out an early case any quicker than does any other strong remedy. All these powerful remedies require careful watching as to results. Thin-skinned children and patients under four or five years of age require very careful handling, yet such treatment is essentially necessary. The irritation or inflammation produced has to be carried just far enough to destroy the fungus and yet be confined within the limits of safety. A chrysophanic ointment is another strong and good application—the strength should be from twenty grains to two drachms to the ounce; it may quickly produce an excess of inflammation. Given then a case seen for the first time some such directions as these should be given:—The whole head is to be scrubbed daily with soft soap, carbolic soap, or coal-tar soap, preceded every few days with a rubbing in of turpentine till the child calls out. The application given to the patient is to be rubbed in several times daily. The head is to be kept shaved and the whole scalp kept very dry at all times; ironing is a helpful drying process. The lining of caps is to be renewed daily. Combs and brushes are to be rigorously disinfected or destroyed; they will not, of course, be required for use during the first few weeks of treatment. The patient is to be seen by the medical man himself at least once a week. The medical man will prepare the way by epilation and scarification, with suitable instruments. When the disease is apparently cured a fortnight should be allowed with only a daily soap washing and the hair should be allowed to grow. At the end of the week it should be inspected and again at the end of the fortnight. If then nothing wrong can be discovered the patient must be similarly inspected at the end of another week and fortnight. If at the end of the month no diseased hair is discoverable the patient may be certified as cured. Very frequently, however, at the end of apparent cure and after the lapse of from a week to a month a diseased hair or a few diseased hairs may again peep up, being pushed forward from the follicular depths. What is to be done? Well, if there are not more than a dozen or so hairs they must be individually destroyed and the patient watched for a further three weeks. Electrolysis has been recommended for their destruction. Personally, I apply a thin, red-hot wire to the mouth of the follicle and push the wire home. The parts should be anæsthetised previously with carbolic acid or cocaine, but I have done it without a local anæsthetic. In some such cases I have successfully simply dug out, as it were, the orifice of the follicle and applied phenol or salicylic paste by means of a thin probe. If after all treatment has been stopped I can find at the end of a fortnight no diseased hairs, or only an odd one, I am content to allow the patient to mix with others. I attack any unsound hair and also insist upon seeing the patient weekly or thereabouts within the following three weeks. These odd diseased hairs require most careful looking after. Sir Dyce Duckworth's chloroform test assists in their discovery. If in doubt, too, there is the microscope, but hairs that have been subjected to treatment are very difficult material for the demonstration of the fungus.

A neglected case of ringworm never seems to lose its infective power, but a well-treated case nearly cured—that is to say, cured to the extent of only an odd diseased broken hair being discoverable—is harmless, provided that the broken hair or hairs be destroyed and the head generally be treated once a day with a disinfectant wash. Nevertheless, I do not allow a child to return to school until three weeks after the last broken hair was discovered.

I have lately had a troublesome case under my care, but I permitted the patient to go home at the end of three months. His home being some three hours' journey from my house I allowed him to come at the end of a fortnight to see me, and again at the end of a further two weeks; upon the first occasion I extracted two hairs and destroyed the follicular remains. This ended the diseased condition and the patient is now back at school. It was a very bad disseminated case, which had been under treatment for a year before his medical attendant kindly sent him to me. It takes from two to four months to cure these disseminated cases. This I hold to be an excellent result, but one that should be obtained. The treatment depends upon the personal attention of the surgeon and upon the assiduous, patient efforts of the attendants. For attendants I employ trained nurses. In all but the early cases, which should be cured in from a month to six weeks, a more or less inflammatory method must be employed. Just how far this may go, when it must be stopped, and the strength of the application suited to the particular case,—all these things require an experienced hand, who has to be bold without being rash, and persevering, yet knowing when he has done enough.

I have written and thought here only of private cases. Out-patient cases of ringworm of the scalp are still very troublesome to cure. The reasons are obvious. Their business is not to take trouble for themselves or even to allow it to be taken for them. I would once more emphasise the fact that the successful treatment of ringworm depends upon the personal efforts of the surgeon and upon his untiring endeavours to get his instructions carried out.

At the present time, with the assistance of Mr. K. W. Goadby of Guy's Hospital, I am making tube cultivations of

the fungus. The results are stained and examined with a $\frac{1}{12}$ in. oil immersion. Later we hope to publish some notes.
Reading.

LEPROSY TREATED BY THYROID GLAND.

BY C. B. MAITLAND, M.R.C.S. ENG., L.R.C.P. EDIN.,
SURGEON-MAJOR, I.M.S.

CASE 1.—A Mussulman aged eighteen years, an only child, was brought to me on May 5th, 1894, for treatment. The family history was of no interest. He said that he was born at Nimach, still lived in the house he was born in, had never been more than a few miles away, ate the same food as other people of his class, and knew no lepers. Five years ago he first felt a sensation of heat and formication all over the limbs and body and noticed that he perspired much more than he used to do. Next he found that his hands and feet were becoming rather numb and that he did not feel things so distinctly as formerly. A year ago, without any previous staining, his superciliary ridges became thick and lumpy and the hair fell off. His voice at this time became weak and husky, without pain or cough. He complained chiefly of a "creepy-crawly" feeling all over when he was in the sun, continuous perspiration, and a heavy feeling in his extremities. He was healthy in every way with the exception of the symptoms due to leprosy. His eyebrow prominences were lumpy and hairless, his nostrils were wide open, the skin of his face was rather lumpy, dusky, and shining, and the lobes of his ears and his back were slightly nodular. The mucous membrane of his nose was pale and atrophied and that of his fauces pale and œdematous. The skin of his fingers and toes and that between the nails and over the last joints was smooth and shiny and the last phalanges generally were rather bulbous. He was not impotent. Gentle pressure on an enlarged nerve on the inner side of each arm—probably the ulnar—caused pain. He began with half a raw sheep's thyroid gland on May 5th weighing about a drachm. On the 11th he commenced to take a whole two-drachm gland daily. On the 13th he said that for the last three days he had not felt the "crawly" feeling and had sweated less. On the 23rd he stated that the numbness of his hands was passing away. On the 28th his eyebrow prominences were distinctly less nodular, his face was not dusky or shiny, and he looked, and said he felt, much better. Considerable pressure on the above-mentioned nerve did not cause pain. The tubercles on the other parts and the neuritic look of his digits were the same as before. On the 31st there was a sinus on the under surface of the last phalanx of the third toe of the right foot leading down to the bone. He said that four or five days previously he noticed a painless pimple there that burst the same day. Probing gave a little pain. On June 4th a typical leprous ulcer and sinus appeared on the left great toe. His voice seemed to be getting huskier. On the 11th both the above sinuses had healed without loss of bone. The tubercles on the face were disappearing On July 10th Surgeon-Captain Whitcombe, I.M.S., who had been carrying on the treatment since the last note was made, reported that the voice huskiness had nearly gone. There were no ulceration and no tubercles and the ulnar nerve was not nearly so tender on pressure. On Aug. 10th the patient returned to hospital after three weeks' absence. His voice was huskier and the ulnar nerve more sensitive. There was no retrogression otherwise. The treatment was re-commenced. On Sept. 15th the report said: "Tubercles none. Skin supple and shiny appearance of phalanges almost entirely disappeared. Voice greatly improved. A good deal of pressure can be borne on ulnar nerve without pain. Face is still somewhat livid-looking. The patient expresses himself as feeling in much better health than when he began treatment."

CASE 2.—The patient was a Hindu aged thirty-five years, the youngest of six children. He was born, and had always lived, in the house he was now in, and had never been more than thirty miles from Nimach. His uncle died a leper in this same house thirty years ago. The patient's two brothers and three sisters were all brought up with him and all had healthy families; one of the brothers died from fever and one from an accident. The patient had been married eighteen years and was childless but not impotent. His wife was healthy. His father died from fever fourteen years ago; his mother was alive and well. He had never associated with any leper except the above-mentioned uncle. About four years previously dark stains appeared on his face, neck, and back. A year later tubercles rose on these stains and he felt crawling sensations in the limbs. The tubercle grew larger and fresh ones came on the ears, chin, and nose About six months ago his voice became husky. He was a striking case of elephantiasis leontina. In addition his back was covered with tubercles and his fingers and toes presented the same appearance as those of the other patient; the skin over the deltoid muscles was lichenous. He complained chiefly of aching pains and numbness in the limbs, perspirations, and formication. Treatment began on May 25th with one raw sheep's thyroid gland daily. On the 31st he said the perspirations, formication, and feeling of internal heat were less. The conjunctivæ were very much paler. On June 3rd he was ordered to take two glands daily. On the 11th the patient said he could now move the skin of his face easily, that it felt lighter, and that the tubercles were smaller. I could not see this myself, but the skin did look healthier. On July 15th Surgeon-Captain Whitcombe, who had been carrying on the treatment since the last note, reported that the skin of the face was much healthier, less livid and nodular. There were no formication or sweats. The patient stated that the pains in the limbs were very slight now, that he was not so easily fatigued, and that there was more feeling in his fingers. On Sept. 15th it was reported that the skin was looking very healthy and the tubercles were distinctly less prominent. The conjunctivæ were very slightly injected. The voice was much less husky than when the treatment was commenced; sensation was much improved and the pains in the limbs had almost gone.

Remarks.—The thyroid gland certainly has had a beneficial influence on these two men. Even putting aside the patients' own statements as dictated by mere politeness there was the obvious improvement in the skin as evidenced by the effect on the tubercles and the ulceration. The ulcers certainly appeared on the Mussulman's toes when he was fully under the influence of the gland, but it is allowable to suppose that they had commenced deeply some time previously. There were no symptoms of thyroidism, although the Hindu was taking two glands daily from June 3rd to Sept. 15th. The glands were pounded up raw with sugar and water. These cases are very incomplete, but they are interesting as showing that thyroid gland certainly has some effect on leprosy even when given to patients who continue their usual home life while undergoing treatment. I wish to convey my best thanks to Surgeon-Captain Whitcombe.

In continuation of the above I regret that circumstances have prevented my following up the above cases. I saw them in the spring of 1896 and found them apparently well and able to earn their living. As far as I could judge by inspection the disease had not advanced and the men said they had been better ever since the treatment and wished to begin again. If I get an opportunity I will make further trials with thyroid gland and with mercury.
Suakin.

GLASGOW EASTERN MEDICAL SOCIETY.—At a meeting of this society, held on Wednesday, Oct. 21st, the following gentlemen were elected office-bearers for the ensuing year:—Retired President, Dr. William Patrick. President, Dr. Alexander Patterson. Vice-President, Dr. William Findlay. Secretary, Dr. R. M'C. Service. Treasurer, Dr. William Buchanan. Reporting Secretary, Dr. J. Wilson Mathie. Members of Council, Dr. Munro, Dr. Dunlop, Mr. W. L. Muir, Dr. William Muir, Dr. J. B. Stewart, and Dr. Black.

BRIGHTON HOSPITAL SATURDAY FUND.—As a result of this year's Hospital Saturday collection at Brighton a sum of £716 has been apportioned among fourteen medical charities of the town. Last year the sum of £1030 was available for this purpose. This year £278 go to the Sussex County Hospital and £115 respectively to the Brighton, Hove, and Preston Dispensary and the Children's Hospital. Last year the figures were £400 and £165 respectively. Hospital Sunday has not yet arrived.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

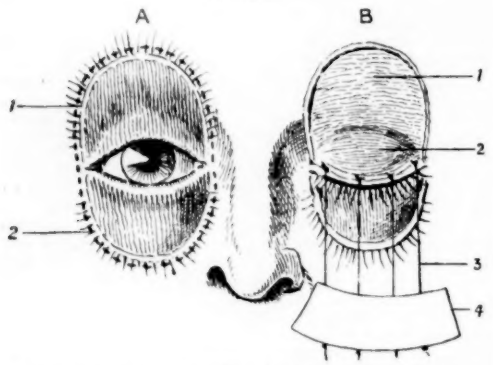
THREE CASES ILLUSTRATING THE TECHNIQUE OF THE PLASTIC SURGERY OF THE FACE.

(Under the care of Mr. WILLIAM ANDERSON.)

THERE are few deformities which cause such mental distress to the patients suffering from them as those which are illustrated and described in this series. That the means at our disposal for their remedy by plastic operation have increased will be appreciated by those who read the various methods used by Mr. Anderson. The treatment of the eversion of the eyelids in Case 1, and the use of a wire bridge for the nose in Cases 2 and 3, are especially worthy of note. Throughout there are useful practical hints, whilst the improvement effected can be judged by the illustrations which accompany the text. These cases also show the amount of patient and skilful planning which is required from the surgeon who undertakes to relieve this class of deformity.

CASE 1.—A girl aged five years was admitted into St. Thomas's Hospital in August, 1894, with extensive scarring of the face and frontal region, the result of a fall into the fire in infancy. The scar, which replaced the whole depth of the skin, extended from a point a little in front of

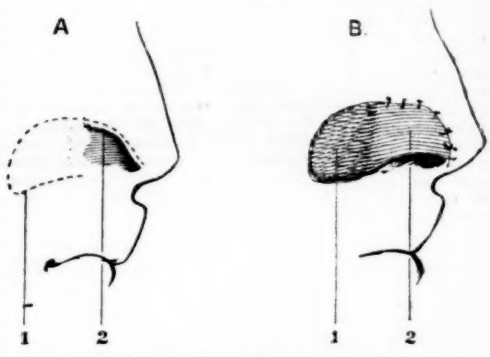
FIG. 1.



Case 1.—A, Right eye, showing extent of ectropia and lines of incision (1, 2) outside the line of the lashes. B, Left eye, showing method of operation. 1, Raw surface of brow left by replacement of upper lid. 2, Upper lid covered with fibres of the orbicularis palpebrarum, held down by four horsehair threads (3) fixed in the free margin of the lid and kept in place by adhesive plaster (4) fixed on the cheek.

the bregma over the forehead, both cheeks, and the upper lip. The hair and eyebrows were destroyed, all four eyelids were strongly everted, the upper reaching to the superciliary ridges and the lower to the middle of the cheek, but the eyelashes were spared. The wing of the right nostril was lost and the upper lip was everted, its red border nearly touching the root of the nose, but the teeth were not exposed. The girl was a healthy and unusually tractable and intelligent child, and took a lively interest in the reparative measures that from time to time were undertaken on her behalf. The wide destruction of skin forbade any of the ordinary resources of plastic surgery, and it was determined to try the effect of epidermic grafting in restoring the eyelids to their places. The operations performed for this and other results of the cicatrisation were numerous and extended over a period of two years, the patient being repeatedly sent to her country home in the intervals. The first operation, which took place in August, 1894, was performed upon the right upper eyelid. An incision was made around the semilunar border of the everted mucous membrane about a line outside the eyelashes. The lid was then carefully dissected away from the orbital region, together with the row of lashes and the fibres of the orbicularis, which could be recognised by their direction. When the process was complete the lid could be completely drawn down beyond the normal line of the palpebral fissure, and was then held in this position by means of four horsehair threads passed through the tarsal border and fixed below to the cheek by a strip of adhesive plaster (Fig. 1). The large raw surface now exposed was covered with a single epidermic graft, of somewhat more than ordinary thickness, taken from the patient's thigh. It was then dusted over with iodoform and covered with blue protective gauze and a thick woollen dressing. The graft took perfectly, and the further progress was watched with some anxiety on account of the unknown degree of cicatricial contraction that would follow. The result justified the belief that it would be limited, and when the repair was complete the ectropion was reduced by three-fourths. A similar operation with a like result was next performed upon the left upper lid and the patient was then sent home. She was re-admitted in May, 1895, and a second grafting operation was effected upon the two upper lids with complete success. The lower lids were treated in the same manner, two operations being required for each, and the palpebral fissures were now restored almost to their normal aspect, the movements of the re-

FIG. 2.



Case 1.—A, Showing loss of ala. Integument over whole area is cicatricial. 1, Outline of alar flap. 2, Pared edge of gap. B, Showing new ala *in situ*. 1, Raw surface left by detachment of flap. 2, Flap with raw surface outwards. Both surfaces were afterwards grafted.

placed lids were quite free, and the lashes had regained their natural direction. The loss of the right wing of the nose was remedied by a simple operation in which epidermic grafting also played a part. A suitable portion of the scarred integument of the cheek external to the gap was dissected up, leaving its base of attachment at the line of the curved furrow bounding the side of the nostril. The flap was then reversed so that its cutaneous surface was turned inwards towards the vestibule and its convex edge was brought forward to the pared border of the ala, where it was fixed by fine wire sutures (Fig. 2). An epidermic graft was then applied to the raw surface of the new ala and to the bed from which the flap was taken; the whole was sealed with aseptic wool steeped in collodion and covered in with a cyanide dressing. At the end of ten days the dressing and stitches were removed, when the healing process was found to be completed and the new ala looked almost exactly like its fellow of the opposite side. The change in the patient's aspect was now so favourable that a still further improvement was sought and an attempt was made to replace the lost eyebrows. A small area of the occiput was shaved and disinfected and a strip of skin of the requisite size and shape and nearly vertical in direction was excised. The piece, including the panniculus adiposus and hair bulbs and a thin layer of the galea aponeurotica, was transplanted into an incision in the

position of the right eyebrow and was fixed by a number of fine silk sutures. A second strip was next taken from the same incision in the occiput and was transferred to the other brow. The parts were then covered with collodionised wool and dressed. The occipital wound healed by first intention, leaving a faint linear scar, but the new eyebrows showed signs of septicity at the end of four days and perished. The experiment was repeated a month later and unfortunately with the same result. The curved line of cicatrix representing the position of the eyebrow has improved the appearance of the brows, and all that was repellent in the appearance of the child is now removed (Fig. 3).

FIG. 3.

Present condition of Case 1.

CASE 2.—A girl aged eighteen years entered St. Thomas's Hospital on Sept. 15th, 1895, with a destructive syphilide of the face. The patient on admission presented a ghastly spectacle (Fig. 4); the nose, with the nasal bones and a portion of the septum, was completely destroyed. The glabella and both cheeks were covered with groups of deep ulcers, bounded by a serpiginous border of festooned outline. The lower eyelids were everted to the extent of nearly an inch and the upper lip was thickened and retracted, exposing the upper teeth and the alveolar border of the jaw. The ulceration extended into the nares and mouth, the nasal passages were filled with greenish offensive crusts, the mucous membrane of the lips and cheek were covered with superficial sores, and the fangs of the exposed incisor and canine teeth were loosened and partially denuded of their alveolar sheaths. Evidence of past destruction was seen in the soft palate, but the rest of the body was unscarred. There was no glandular enlargement, and although the girl was pallid, slender, and somewhat undersized she was free from any indication of functional or organic disease. The family history pointed to tuberculosis and inherited syphilis. The father was said to have died from phthisis, one brother suffered from "scrofulous disease and laryngitis" (probably syphilitic), and two older children died in infancy with signs of congenital syphilis. The patient herself had suffered from sores about the anus and snuffling in the nose during infancy, but recovering from these she remained fairly well until the age of thirteen years, when she was attacked by hoarseness and difficulty of breathing. During the next year the nose began to swell without pain or discharge and the throat became ulcerated. She was treated for about twelve months, but without benefit, and at the age of fifteen years a destructive ulceration appeared about the nose and spread on to the face. On admission to hospital iodide of potassium was prescribed in doses increasing rapidly to thirty grains daily. The facial ulcers were treated with an aristol ointment (half a drachm to the ounce) after removal of the crusts, and the sores in the nares and mouth were washed repeatedly with pledglets of lint steeped in a weak solution of perchloride of mercury, and dusted with iodoform. A rapid improvement ensued, and at the end of five weeks the sores were completely cicatrised. The patient was then sent into the country to re-establish her health. The first operations, in January last, were directed to the replacement of the lower lids; this was successfully effected by epidermic grafting in the same manner as in Case 1. The patient was then sent into the country. She was re-admitted in May and the question of rhinoplasty was considered. The case was a very unfavourable one on account of the feeble constitution of the patient and the extensive destruction of tissues, but the girl and her friends, to whom the risk of failure was explained, begged that the attempt might be made. The first stage of the operation was performed on May 23rd.

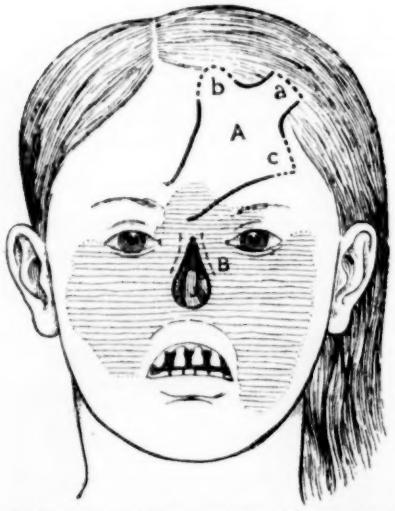
FIG. 4.

Case 2 on admission. From a photograph.

The skin having been rendered aseptic *secundum artem*, an oblique flap of the size and shape shown in Fig. 5 was marked out upon the forehead, the portion destined to form the future septum and left ala encroaching upon the hairy scalp. The axis of the flap formed an angle of about 40° with the mesial line; the septal process was left broad in order to secure a good union with the lower margin of the nasal flap, and the right lateral border was made somewhat longer than the left to allow for the greater distance to be traversed by the right alar extremity in passing to its new position. The pedicle itself, which derived its supply from the right half of the forehead, was in great part cicatricial on the surface, but the deeper tissue appeared to be free. Incisions were then made through the skin from the side of the pedicle to the upper end of each alar prominence, and from the lower ends of these to the end of the septal

process, the root of the pedicle, the extremity of the septum, and the two alar angles being left undivided. By means of a careful dissection the skin flap was raised, leaving the muscles and periosteum in their normal position with relation to the bone, and the separation was maintained by pieces of green protective drawn through the marginal incisions. Iodoform powder was next dusted over the outer

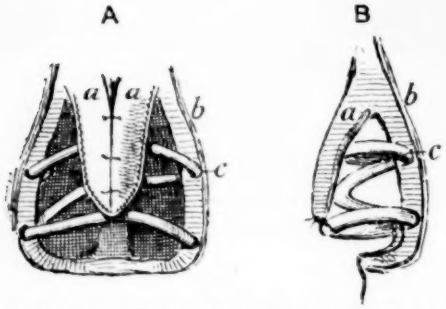
FIG. 5.



Case 2.—Diagram showing outline of frontal flap, A, with its septal and two alar angles, *a*, *b*, *c*. The parts of the border divided in the first stage of the operation are shown in continuous line, those in the later stages in dotted line. The line of the nasal bone flaps is shown at B in dotted line.

surface of the flap and adjacent integument; upon this was laid a piece of green protective, and the whole forehead was covered with a thick layer of salicylic wool lightly fixed in place by a bandage. The dressing was left undisturbed until the 30th, when it was removed, and as all appeared to be well the two alæ were freed and the dressing renewed. The flap was now held in place only by the pedicle and septal

FIG. 6.



Case 2.—Diagram showing plan of wire bridge and new nasal bones. A, Front view. B, Side view. *a a*, Nasal bone flap detached from nasal processes of superior maxilla, united in middle line and fixed below to wire bridge. *b*, Pared cutaneous edge for reception of flap. *c*, Wire bridge passed through holes drilled in margins of bony gap.

process. On June 4th the latter was divided and the flap turned over. Its deep aspect as well as the bed from which it had been detached was found to be granulating healthily, and after cleansing with a warm saturated solution of boracic acid the whole of the raw surface was covered with epidermic grafts taken from the patient's own thigh. A folded piece of rotective, with a padding of iodoform gauze between the two layers, was then placed over the frontal wound, and the flap was restored to its original position. On the 8th the operation was completed. The flap was found to be pale but warm, and evidently well supplied with blood through the pedicle, and the grafts on the under surface were firmly adherent. Its borders were pared with a slight bevelling at the expense of the under surface and the nasal gap was now prepared for their reception. The thin cicatricial tissue was dissected off somewhat freely, leaving the bony maxillary margin of the nares exposed with its periosteal covering for a width of about a quarter of an inch. With a fine saw a bone flap was detached from the upper two-thirds of each border, leaving it fixed by the soft parts at its frontal extremity (Fig. 6, A). The flaps, including thin friable bone, covered externally with periosteum and internally with peritoneum and mucous membrane, were then drawn together in the middle line by three fine sutures of catgut. Two holes were next drilled on each side of the lower two-thirds of the nasal gap, and a piece of silver wire of sufficient thickness to afford a firm support and not too strong to offer

FIG. 7.

Present condition of Case 2.

any difficulty of manipulation was passed through the upper hole on the left side, across the nasal gap, forming an angle projecting outwards in the middle line; it was then made to traverse the upper hole on the right side, cross diagonally to the lower hole on the left side, and after passing through this to cross over to the lower hole on the right side (Fig. 6, B). The nasal gap was thus bridged by three firm silver bars, two horizontal and one oblique, each forming an angle projecting forwards in the middle line. To the upper of these angles was fixed the limp mesial bone flap, which would otherwise have been incapable of sustaining itself in a serviceable position. The skin flap was finally twisted into place and fixed by a row of fine silver wire sutures. It was found that the left alar border was too

short, through an insufficient allowance of length in the corresponding margin in planning the flap. The septum was broader than its permanent form required, but this was a temporary necessity to ensure good nutrition in the early stage of repair; the superfluous breadth, moreover, was capable of being utilised later in compensating for alar deficiencies. After inserting two pieces of tubing into the nostrils the whole surface was dusted with iodoform and dressed with protective and salicylic wool. The progress was good, union took place along the whole line, and the frontal wound healed with very little contraction. The new nose gradually assumed a normal colour and its sensibility began to return at the end of ten days. There was no discharge from the interior of the nares, the wire bridge caused no irritation, and the mesial bone became firm and strong in its new position. The twisting of the pedicle left little or no deformity and the whole nose was fairly prominent. The nasal flap having become naturalised an operation was undertaken for the improvement of the retracted lip. This was effected after the method of Dieffenbach by a V-shaped incision, the two horns beginning one on each side immediately below the alæ nasi and meeting in the middle of the free border of the lip; the deep tissues were then freed and the upper borders of two flaps were drawn down and united to each other, leaving the lips in contact and the teeth completely covered. (Fig. 7).

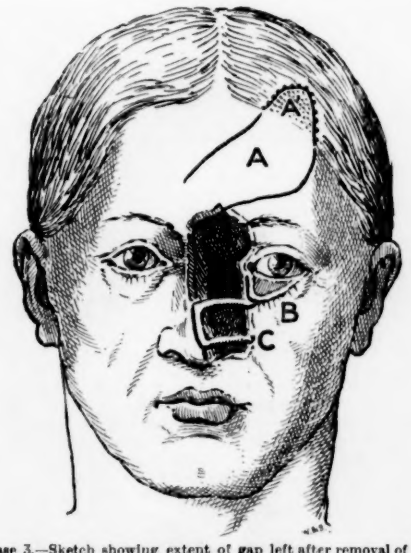
CASE 3.—A married woman aged forty-two years was admitted into St. Thomas's Hospital in April last with a large rodent ulcer of the nose. Nearly the whole of the nose was replaced by a red exuberant mass of new growth which extended on to the glabella, approaching close to the left inner canthus, and destroyed the nasal bridge as well as the whole of the left side and the greater part of the tip (Fig. 8). The nasal

FIG. 8.

Case 3 on admission, showing extent and character of the rodent ulcer.

process of the right maxilla and its superjacent integuments, the lower part of the septum, and the right ala were spared. The growth was tuberose, with a red, dry surface and everted edges and showed little sensibility or sign of action. There was no glandular enlargement. The disease was said to have begun as a small tubercle on the bridge of the nose six years before. This was removed at the end of a year, but reappeared two years later, when it returned over the glabella. It was again removed, but without success, and during the nine months before admission had been growing rapidly. The patient was a thin, active woman of good general health, and there was nothing in the personal and family history that bore upon the genesis of the rodent ulcer. An operation for the removal of the disease was performed on April 6th. The patient having been placed with the head hanging down over the end of the table, to allow the free escape of blood, the superficial mass of new growth was excised, with a margin of about a third of an inch of apparently sound integument. The deeper extension now exposed was found to fill the frontal and anterior ethmoidal sinuses and to destroy the whole of the left nasal bone as well as a portion of the right, and a large part of the perpendicular plate of the ethmoid. The growth, with as much of the bone as could be safely removed, was gouged away and a layer of chloride of zinc paste was applied to the parts in which it was impossible to carry the excision wide of the disease. The whole gap was filled with iodoform gauze and left to granulate. The operation involved much loss of blood and some shock, but the patient quickly rallied. The result was far more satisfactory than might have been anticipated under the unfavourable conditions. After the

FIG. 9.



Case 3.—Sketch showing extent of gap left after removal of the rodent ulcer. A, Outline of frontal flap. A', Angle encroaching upon hairy scalp, subsequently forming tip of nose and left ala. B, Ectropion relieved during adaptation of flap. C, Wire bridge *in situ*.

separation of a few sloughs the healing process set in vigorously and there was no sign of recurrence. An examination of the excised structures showed the growth to be, as diagnosed, a rodent ulcer. At the end of a month the cicatrisation appeared to be complete and sound, but the patient was kept under observation for three months longer, in view of the probability of a re-appearance of the disease. As the parts appeared to be quite sound at the end of this time and the patient was desirous of leaving England a second operation was undertaken to fill the huge gap left by the first. On July 18th, an oblique frontal flap of suitable shape having been marked out upon the previously prepared skin, its detachment was effected on the same plan as in Case 2, leaving the pedicle and the extremity corresponding to the tip and left ala of the new nose still in continuity with the general integument. The distal end was freed five days later, and the under surface of the flap as well as the area from which it was removed was covered with epidermic grafts. On the ninth day the implantation was effected. The edges of the fronto-nasal chasm having been pared, the flap, also pared, was brought down and held temporarily in place. It was then seen that each inspiration drew it against the remains of the septum and so completely obstructed the passage of air on

the affected side that an internal support of some kind was essential. Two holes were bored in the left side of the nasal border, and a piece of silver wire, carried through the upper of these, was made to run forward as far as the anterior border of the septum, then to bend downwards at right angles, resting against the septal border for about two-thirds of an inch, and finally turning sharply outwards and backwards, to be fixed in the lower hole (Fig. 9). The flap was sutured in its new position and respiration through the nasal opening was found to be unimpeded. During the apposition of the flap the retracted lower lid was freed by an incision close to its ciliary border; the lid was then drawn up into position, when the widely separated cutaneous edges of the gap left by this replacement formed a very obtuse angle and could be united without difficulty to the straight border of the nasal flap. In this manner the ectropion was remedied without loss of substance or exposure of any raw surface. Union occurred by first intention, the wire bridge caused no irritation, and the little disfigurement due to the redundancy of tissue in portions of the flap can be readily set right by a final trimming. Respiration is quite free (Fig. 10).

FIG. 10

Present condition of Case 3.

Remarks by Mr. ANDERSON.—The lessons afforded by Case 1 are instructive. It shows, first, that the contraction which takes place under an epidermic graft is far less than that which occurs during the granulation of an open wound, apparently in the proportion of 1 to 3, a fact which gives the operation a large range of utility in fields where more severe methods are at present employed; and, secondly, that the grafted raw surface of a plastic flap may be made to take the place of the cutaneous surface where the ordinary method of torsion of a pedicle is inconvenient. Although the failure of the eyebrow grafts was disappointing, it was not altogether discouraging. It is likely that a more perfect disinfection of the occipital skin and the fixation of the grafts in their new position by collodionised wool without the injurious manipulation involved by suture would offer a good prospect of success. In Case 2 the features of the operation deserving comment are as follows: 1. The shape and obliquity of the flap. The oblique flap which has been used in a large number of cases by Brigade-Surgeon-Lieutenant-Colonel Keegan, and which is fully described in a valuable article in THE LANCET of Feb. 21st, 1891, has the advantage over the familiar mesial flap that some forty degrees less torsion of the pedicle are required to bring it into place, and thus the risk of strangulation after the operation is lessened and the disfigurement at the root of the new nose is minimised. On the other hand it may predispose to some deformity from retraction of the upper lid and eyebrow on the side over which the flap inclines, but this disadvantage is lessened by the use of epidermic grafts over the raw surface. In shaping the flap it is a common oversight to make it symmetrical in relation to a mesial line drawn from the pedicle to the septal process, forgetting that in the rotation necessary for placing it in its new position one alar angle must travel through a greater distance than the other to reach its destined point of fixation, and that hence the corresponding border should be longer than its fellow. In the operation in Case 2 an insufficient allowance was made for this requirement as well as for the contraction of the flap, and the alæ, especially the left, are too high in relation to the tip of the nose. It is desirable that the septal process should be made of greater breadth than its permanent form demands, because it is likely to perish if too narrow and because its increased breadth provides material for the repair of any defects in the alæ. In Case 2 a strip will afterwards be taken from each side of the septum, leaving it attached at the tip of the nose, and will then be carried up to the pared edge of the corresponding ala, the contraction of the nostril being prevented by an epidermic graft applied along the cut border. 2. The sub-division into stages of the process of detachment of the flap. This, a recognised procedure in modern plastic surgery, has seldom been considered necessary in rhinoplasty. The operation was always completed at one sitting by Keegan, but his patients were healthy subjects, whose noses had been sacrificed to penal amputation and not to disease, and retained the nasal bones intact. In the present cases, as in many of those which call for reparative measures in Europe, an enfeebled constitution and much damage to adjacent tissues necessitate special precaution, and there is indeed little doubt that the flap with its cicatricial pedicle would have perished had its separation been completed at one sitting; moreover, under any circumstances the more complete vascularisation of the flap secured by the interrupted method of detachment favours rapidity and strength of union in its new position, as well as increased safety from gangrene. 3. The grafting of the raw surface of the flap and forehead. The application of epidermic grafts to the under aspect of the flap has many advantages. The conversion of a granulating into an epithelial surface obviates the tedious process of cicatrisation within the cavity of the newly-made nose, and at the same time it removes danger of infection, lessens the amount of contraction, and enables the patient to bear any internal support that may be devised. The plan might be employed with equal advantage in certain other plastic operations, such as that for extroversion of the bladder. The grafting of the frontal surface left by the detachment of the flap is of service, not only in hastening the healing process, but also in limiting the cicatricial contraction, which might otherwise produce disfigurement about the eyebrow and upper eyelid. In this patient there is a slight elevation of the left eyebrow and a retraction of the inner side of the lid, but the defect is scarcely enough to attract attention. 4. The preparation of a new nasal bone from the nasal processes of the superior maxilla. The plan adopted was on the principle of that of Langenbeck, but the bone available for the purpose was so scanty and friable that the flaps were incapable of maintaining themselves in their new position. Their fixation and subsequent consolidation were made possible by the artificial bridge, and it may be easily demonstrated by examination that this solidification has taken place satisfactorily. 5. The construction of an artificial bridge. One of the weak points in rhinoplasty when performed for cases where there has been great destruction of bone is that the new nose unsustained by any firm tissues collapses and contracts and is liable to impede nasal respiration. Hitherto foreign substances introduced into the new nose for purposes of support have been ill tolerated; but Cases 2 and 3 show that a material like silver if fixed to the sides of the gap and moulded into suitable shape will maintain its position and, providing it is not brought into contact with a granulating surface, will cause no irritation. In fact, neither of the two

patients is conscious of its presence within the nose. The durability of the metal under the present circumstances remains to be demonstrated, but if necessary it might be replaced by gold or platinum. The result in Case 2 may be considered satisfactory. The patient's face is, indeed, far from beautiful, but the removal of the ectropion, the closure of the nasal chasm, and the concealment of the gums and teeth by the treatment of the retracted upper lip have removed everything that was repulsive, and she is able to appear in the streets without attracting notice. Some final touches are required to widen the nostrils and enlarge the alæ in the manner indicated, but the case is practically complete. It is to be noticed that the hair growing upon the septal and left alar portion of the new nose has changed in character since its transplantation from the scalp. It is much thinner than before and has lost most of its colour and hence requires only a little attention on the part of the patient to prevent it from becoming a disfigurement. The problem in Case 3 was more simple than in the previous case because the destruction of the nasal tissues was less complete. A fair pedicle was forthcoming, and the patient, though much older than was the one in Case 2, was of better constitution. The detachment of the flap might, undoubtedly, have been accomplished at one sitting with but little risk, but the advantages appeared to be nearly all in favour of the plan adopted, which secured the best possible vascularisation of the tissue before bringing it into its new position. There is, of course, a possibility that the original disease will reappear. Should this happen it will be desirable as soon as the first signs are manifest to detach the nasal flap at the line of cicatrix and deal with the growth as we best may, according to the conditions revealed. The remarkably exuberant development of the "rodent" cell growth is of some clinical rarity and interest. I have to thank my former dresser, Mr. Cobb, for the photographs he has kindly taken to illustrate this paper.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mixed Premature and Immature Development.

THE first meeting of the session of this society was held on Oct. 27th, the President, Dr. W. HOWSHIP DICKINSON, being in the chair.

Mr. HASTINGS GILFORD, introduced by Mr. HUTCHINSON, read a paper on a condition of Mixed Premature and Immature Development. The disease of which this case is an example was first described by Mr. Hutchinson in the Transactions of the Royal Medical and Chirurgical Society for 1886, in a paper entitled "Congenital Absence of Hair and Mammary Glands, with Atrophic Condition of Skin and its Appendages in a Boy." The patient was a youth aged eighteen years who was 3 ft. 6 in. high. A peculiarity in his appearance was first noticed by his parents when he was about six months old. Photographs taken at different ages showed that there was progressive accentuation of some of the main features of the disease from this period. He looked old beyond his years and was grave and mature in aspect and manner. The senile appearance of his face and the rest of his body was much intensified by the apparent absence of subcutaneous fat. The hair also was absent with the exception of a very feeble growth on the scalp, eyelids, and the backs of the fingers. There was a peculiar brownish-red pigmentation of the skin. His nails were short and membranous. His teeth were very irregular in size and in the manner of their eruption. They were in two rows, some being permanent teeth or their stumps, while others were healthy or decayed milk teeth. The alveolar portion of the lower jaw was disproportionally developed for their accommodation, while the rest of the bone was both relatively and actually small. His eyes were protuberant. His head was relatively large, and the anterior fontanelle did not close till he was eighteen years old. His intelligence and memory were good. His skull itself was as yet undifferentiated into its two tables, and was of the thinness and appearance of that of a child a few months old. The brain and base of the cranium showed no abnormal appearance. The scapulæ were unusually small, while the clavicles were so tiny as to remind an observer of the "merry-thought" of a chicken. On the other hand, the lower ends of the humeri and of the femora and the knuckles of the fingers and toes were relatively large and conspicuous. The thymus was persistent and hypertrophied, but the thyroid was of normal size and appearance. His heart showed signs of valvular disease for some years before his death. The mitral and aortic valves and coronary arteries were then found to be very atheromatous. The capsule of the spleen was thick and cartilaginous. There was little more than a vestige of fat beneath the skin in the abdomen and behind the kidneys. He had passed through a severe attack of bronchial pneumonia and afterwards through double lobar pneumonia. In the closing years of his life he suffered at times from asthma, and in the end died during an asthmatic seizure which followed a short attack of influenza. The disease with which this youth was affected was one apparently of that part of the nervous system which governs the processes of nutrition. It manifests itself in a smallness and immaturity of some parts or functions and in a relative or actual largeness or prematurity of others. It is apparently akin to acromegaly. Is it congenital acromegaly, or is the one disease the opposite to the other? Many giants owe their proportions to acromegaly; may it not be possible that the same cause in action before birth may produce dwarfism? An examination of the accounts of giants and dwarfs that have been published gives strong support to the view of a close relationship between the two conditions.

Mr. GILFORD showed numerous photographs illustrating his case at various ages, together with numerous other photographs of dwarfs and giants. To all these cases he gave the name micromegaly and divided them into two primary groups—viz.: (1) micromegaly affecting the whole body; and (2) micromegaly affecting isolated structures. These again were sub-divided into several groups.

Mr. HUTCHINSON said that the large amount of material which the author of the paper read had brought before the society had somewhat tended to obscure the value and importance of the case he (Mr. Hutchinson) had related. He alluded to the case which he had brought before the society and said that the appearance of the two cases was almost exactly similar. At the time when he read that paper he did not go into the literature of the subject, but in the present paper Mr. Gilford had entered most fully into that and he hoped that he would expand and elaborate it. Mr. Gilford from the two cases had originated his theory of the allied conditions of acromegaly and micromegaly, but the speaker failed to recognise any evidence of "megaly" in either his own or Mr. Gilford's case. Certainly there was premature senility, as evidenced by the condition of the vessels of the heart and some bones, but otherwise the cases did not show any abnormal development and he thought they should stand as cases of dwarfism with arrest of development.

Dr. NORMAN MOORE said it was important to consider whether the condition was due (1) to a genuine deficiency of growth or (2) to some morbid condition—e.g., syphilis. If due to a deficiency of growth it is interesting to compare it with certain peculiarities of the amphibia—viz., the axolotl, which remains for a long time in the embryonic stage; but when surrounding circumstances become unfavourable it assumes the characters of the adult, and in its development it rapidly assumes the characteristic of old age, its length becomes less, its bones reduced in size—in fact, it suddenly reaches old age.

Mr. GILFORD, in reply, said that though the relative enlargement of parts of the body was not at once evident in the two cases, yet there was relative enlargement when compared with other members of the same family. In many of the cases he had alluded to the enlargement of the nose is mentioned together with (in some cases) the enlargement of the lower end of the femora and enlargement of the ear bone. The intelligence in his case was good; although he was always in the society of children and did not go to school his ideas were those of a man.

MEDICAL SOCIETY OF LONDON.

Thirty Cases of Cancer of the Tongue.—The Best Methods of Removing Large Calculi from the Bladder.

A MEETING of this society was held on Oct. 25th, Mr. REGINALD HARRISON, President, being in the chair.

Dr. JENNINGS read a paper on Cancer of the Tongue, and

classified briefly thirty cases of patients who had attended at the Cancer Hospital some years ago, all under the belief that they were suffering from cancer. He thought the short series of cases now presented sufficient to support certain general conclusions. Of the thirty patients (of whom nineteen at least were undoubtedly affected with cancer) nine were females. Of these nine cases of disease of the tongue occurring in women it was in one case doubtful whether the ulcer was simply caused by sharp teeth and would disappear with the extraction of the teeth or whether the disease was already malignant. The patient was aged sixty-two years, and the base of the ulcer was indurated. Assuming the sore to be the size of a sixpence and of about six months' duration, its features not typically of such characters as described peculiar to epithelioma; assuming, also, the microscope should yield a negative result; yet who could say that the disease may, notwithstanding these circumstances, be of a malignant nature? If the offending teeth were extracted immediately time would prove whether the case were one of cancer or not. Five of the nine cases in females were benign. These five cases included two of simple papilloma, one case of glossitis, and two cases of leucoplakia. Of the remaining cases in this group, in one it was probable, though not absolutely certain, that the disease was epithelioma. The remaining two cases in this group were both of recurrent epithelioma. Of the twenty-one male cases, in seven there was either probable or certain proof of antecedent syphilis, but one of these patients was not suffering from any disease of the tongue. One of the patients, suffering from recurrent cancer, described himself as a slight smoker; and two others smoked moderately or heavily. One of these smokers was also a syphilitic subject. Years ago Schuchardt traced the steps between buccal and lingual psoriasis and cancer of the cheek and tongue. A case fell under Schuchardt's observation where psoriasis of the tongue had existed for many years in a dormant condition, but ultimately assumed the character of epithelioma. The tongue having been removed, the transition from the psoriasis to the epithelioma was demonstrated microscopically.

Mr. P. J. FREYER, in his paper on the Best Methods of Removing Large Calculi from the Bladder, said that he considered it absolutely proved that when dealing with a small stone or one of moderate size, whether occurring in male or female, adult or child, the only operation admissible was that introduced by Professor Bigelow and named by him litholapaxy. In 300 cases in patients of all ages, from two to ninety years, and of calculi varying from a few grains to six and one-eighth ounces, there were only seven cutting operations—viz., two suprapubic, four perineal, and one vaginal lithotomy, the remaining 293 cases being treated by Bigelow's method. In one year, of 106 cases which came under his care, all were treated by this method, with only one death. He defined a large stone as one weighing two ounces and upwards, and he gave a list of forty-nine cases in which a stone of such dimensions and above had been removed. Of these forty-nine cases all were males except one, forty-seven were adults and two were boys fourteen and fifteen years old. Most of the patients were in bad health; cystitis, thickened contracted bladders and hypertrophied prostate coexisted in several and stricture of the urethra in others; the kidneys were more or less affected in most cases, and in consequence of the straining to pass urine diarrhœa, prolapse of the bowel, and hæmorrhoids were present in these cases. The operations undertaken were—suprapubic lithotomy, 4; lateral lithotomy, 13; vaginal lithotomy, 1; and litholapaxy, 31. Of the four cases in which suprapubic lithotomy was performed the average weight of the stones was 5 oz. 3 dr.; two of these patients died—a mortality of 50 per cent. In the 14 cases of perineal lithotomy the average weight of the stone was 2 oz. 5 dr.; four of these patients died, a mortality of 28·5 per cent. In the 31 cases in which litholapaxy was performed the average weight of the stone was 2 oz. 5 dr., and the mortality amounted to 9·6 per cent. He then dealt with the cases of lithotomy in some detail. The largest stone removed by the suprapubic operation weighed 12½ oz. In dealing with the stone in the female he made the incision through the vaginal roof and urethra, and although this procedure of cutting through the urethra is condemned in text-books, yet from his practical experience he was inclined to think the method is good. A notable feature in the 31 cases was the hardness of the stone, only 2 being phosphatic stones, the remaining 29 being composed of urates and oxalates. He showed some modifications which he had had adapted to the lithotrites in his use. He had simplified the aspirator by removing the funnel. Enlargement of the prostate is no bar to the performance of litholapaxy unless the hypertrophy be very pronounced. He commented on the fact that a stone is often first grasped in its long diameter; this is due to the stone lying with its long axis in the antero-posterior diameter of the bladder. In cases where the stone is so large that the lithotrite will not lock he advised a process which he had already described in medical literature—namely, "chipping" the stone by grasping it on one side and screwing the instrument home. He related a case in which he had removed a stone weighing 6½ oz. by Bigelow's method. He considered the rapidity with which the operation was performed of importance, and attributed the success of the operation in many cases to the rapidity with which the stone was removed. He commented on the operation of perineal lithotrity which had been recommended by Mr. Reginald Harrison and others.—Mr. LOCKWOOD showed a stone weighing between four and five ounces which he had removed from a farm labourer. This seems to have caused the patient very little inconvenience. The stone was hour-glass in shape and filled the whole bladder, which was very much contracted. It was removed by suprapubic lithotomy. He commented on the use of Petersen's bag and he thought it was of advantage in cases where the bladder had to be explored, as it held the bladder close to the abdominal wall.—Mr. SWINFORD EDWARDS said he had never found any particular advantage in Petersen's bag; before the introduction of electric light it may have been useful in bringing the bladder nearer to the surface. He thought that if a stone could not be crushed the medium perineal operation was the best alternative. He mentioned two cases in which he had performed this operation—one in an old man when the stone was encysted over the pubes and the other in a boy aged eleven years.—Dr. GARSON said that the advantages of Petersen's bag, which had, however, been previously used by himself, were:—1. That the neck of the bladder was raised, and consequently when the bladder was distended the distance between the pubes and the peritoneum was nearly doubled. He had found by experiment that 200 c.c. of water in the bag and the same quantity in the bladder gave the best results. 2. That the whole bladder could be examined with the finger.—The PRESIDENT laid stress upon the importance of performing the operation as quickly as possible, and chiefly for this reason he had adopted modifications from the French lithotrites—viz., instead of the small wheel he had a corkscrew bar fixed, and he considered the sharp closure of such an instrument was of advantage. He alluded to a case in which he had been able to remove the whole stone with a single introduction of the lithotrite. He thought the median perineal lithotrity was the most satisfactory operation in those cases where from other causes the bladder required draining. He had performed it in 14 or 15 cases. He thought Petersen's bag might be of great assistance, but he had not had cause to make use of it lately.—Mr. FREYER, in reply, said that in some cases Petersen's bag might be of use, but in a case in which he had made use of it it had pressed the stone up against the pubes, and the stone could not be removed until the bag was withdrawn.

CLINICAL SOCIETY OF LONDON.

A Case of Gastric Varix; Rupture; Fatal Hæmatemesis.—Resection of a Dilated Sigmoid Flexure for Chronic Obstruction.—Abdominal Nephrectomy for Ruptured Right Kidney.

A MEETING of this society was held on Oct. 23rd, the President, Dr. BUZZARD, being in the chair.

Dr. E. LE CRONIER LANCASTER (Swansea) read the notes of a Case of Gastric Varix with Rupture and Fatal Hæmatemesis, and in relation to this rare pathological condition also showed the part of the stomach containing the varicose veins. The patient was a married woman aged thirty-six years: she had felt "poorly" for some weeks, but had not had any definite symptoms of ill-health until July 24th, 1895, when she suddenly vomited about two pints of blood; three days later she again suddenly vomited about the same quantity of blood. She had not had any abdominal pain or any symptom of indigestion. She was admitted to

the Swansea Hospital on July 29th. There were extreme weakness and pallor, but she had no abdominal pain or tenderness or any signs of peritonitis. The pulse was 110 and weak; the temperature was 100·6° F. The specific gravity of the urine was 1020; there was no albumin or sugar. There were no evidences of syphilis or alcoholism. The bowels acted twice on the day of admission, the stools being dark and tarry. From the history gastric ulcer was diagnosed. She was ordered to be fed entirely per rectum; no medicine was given. For two days she improved a little, but on July 31st she sat up in bed "to have a look round" and in less than a minute fell back fainting. When seen shortly afterwards she was collapsed and blanched; there was no restlessness, pain, nausea, or vomiting. The pulse was 120, soft and weak. Mr. Brook saw her with Dr. Lancaster, and as there was no proof of any present hæmorrhage treatment was directed with regard to her asthenic condition. She was given copious rectal injections of normal saline solution, and in addition to the rectal feeding small quantities of peptones and peptonised milk by the mouth, with frequent small doses of brandy and digitalis. To definitely exclude the possibility of the case being one of pernicious anæmia the blood was examined microscopically; it was that of simple anæmia. The optic discs were normal and there were no retinal hæmorrhages. She continued in much the same weak state until early on Aug. 7th; she then became unconscious and remained so until her death at 11.30 P.M. She had not vomited once whilst in the hospital; the bowels acted on Aug. 5th and 6th, the stools being pale and formed; but on the day of her death she passed one stool containing freshly poured out blood. At the necropsy, sixteen hours after death, the principal points observed were as follows:—1. Several branches of the gastro-epiploic veins in the great omentum and gastric submucosa were typically varicose. 2. The largest of the gastric varices presented on its upper surface a small circular smooth-edged aperture about the size of a pin's head. 3. Except for the varices the mucosa of the whole of the digestive tract was healthy. 4. No cause for the varicose state of the veins was discovered; the thoracic and abdominal viscera were healthy. 5. There was no left kidney or left adrenal. Dr. Lancaster said that varix of the veins of the stomach was apparently of extreme rarity; the only case similar to this that he had been able to find recorded was one reported in THE LANCET of Dec. 14th, 1889, under the care of Dr. Barr at the Liverpool Northern Hospital. He suggested that a certain number of cases supposed to be gastric ulcer, cases in which hæmatemesis was the only prominent symptom, might in reality be cases of varix, and alluded to the difficulty of the diagnosis of varix.—Mr. G. H. MAKINS compared the small opening seen in the vessel in this specimen with that seen in internal piles. He thought that if the condition could be diagnosed operative interference would be advisable and the prognosis would be good.—Dr. KINGSTON FOWLER said that hæmatemesis in cases of cirrhosis of the liver due to varicose veins at the cardiac end of the stomach and œsophagus was not altogether uncommon. He had lately been able to demonstrate the condition in a man who died with cirrhosis of the liver in the Middlesex Hospital.

Mr. H. H. CLUTTON related a case of Resection of Dilated Sigmoid Flexure for Chronic Obstruction. The patient was a woman aged fifty years who had suffered as long as she could remember from chronic constipation and occasionally from sudden attacks of distension of the abdomen accompanied by pain. For five years preceding the operation the symptoms had been much more severe. They commenced to be so after an illness in which violent purging had been the principal treatment. During these five years she had had frequent attacks of obstruction lasting from five to ten days, accompanied by great distension of the abdomen and occasional vomiting. The bowels were eventually relieved by enemata. The difficulty of obtaining relief by enemata gradually increased, till latterly from five to eight pints of fluid could be introduced without any immediate result. Her distress became so great from the frequency of the attacks and from the uncertainty of obtaining relief that she gladly submitted to operation. On Nov. 19th, 1895, a very large, dilated sigmoid flexure was removed, and the two ends of the divided bowel were united by Murphy's button. The operation was perfectly successful except for the fact that the button was still *in situ*. She had had no attacks of obstruction since the operation and led an ordinary life. She was so comfortable that she declined even to submit to an examination under an anæsthetic to see if the button was movable. Of late the patient had recently suffered from gradually increasing symptoms of obstruction, and on Oct. 18th, 1896, a median laparotomy was performed. The small intestines were found collapsed and empty, but the large intestine was enormously distended with liquid fæces and practically filled the abdomen. The button could be felt high up in the splenic flexure. An incision was made and two basinfuls of liquid fæces were evacuated. The button then could be moved down as far as the site of the original operation, but no further. It was, therefore, cut down on and removed. There was a stricture at the line of junction left from the previous operation admitting the finger; a longitudinal incision was made and the gut sutured transversely. The operation was done under great difficulties and took nearly three hours. The patient was not doing well, there being indications of peritonitis.—Dr. W. P. HERRINGHAM related a somewhat similar case in an old man. In this case no tumour could be felt and he did not think that a tumour could usually be felt in these cases. He classified the condition under two heads—(1) those occurring in old people, the distension being limited to the sigmoid flexure; and (2) those occurring in children, the whole colon being distended. He thought that little was known of the real cause of this condition.—Mr. F. C. WALLIS mentioned a case in which an annular fibrous stricture was the apparent cause of such a condition. He commented on the button being found in a higher portion of the gut than where it was inserted.—Mr. EDGAR WILLETT asked if the button was found free in the intestines.—Mr. G. H. MAKINS doubted whether lateral anastomosis with Murphy's button was so successful as Mr. Clutton had implied. He thought that there was some doubt whether the muscular coat was healthy in these cases. He related the case of a boy in whom two openings were made into such a dilated colon; no fæces escaped. The boy died and post mortem the colon was found enormously dilated and contained a large quantity of fluid fæces, the failure to expel fæces being explained by the complete loss of muscular tone in the colon.—Mr. CLUTTON, in reply, said that the button had a tendency to fall back, and therefore it was not surprising that it was found in the splenic flexure. The button was free in the intestine and was removed at the second operation. At this operation he noted the hypertrophied condition of the colon and thought it was probably affected at the same time as the sigmoid.

Mr. F. C. WALLIS read the notes of a case of Abdominal Nephrectomy for Ruptured Right Kidney. The patient, a man aged twenty-two years, was admitted to Charing-cross Hospital on Feb. 27th, 1896, having fallen a distance of twelve feet from a ladder on to a spiked railing. On admission the patient was conscious and in evident pain and somewhat collapsed. The abdomen was rigid and rather distended. It was found that one of the spikes—three inches in length—had pierced the abdominal wall nearly an inch below the tenth costal cartilage on the right side. The opening in the skin ran downwards and inwards, and on passing the finger into the wound it could be pushed on into the abdominal cavity. Soon after admission he passed a pint of healthy, pure blood by the urethra. The patient was taken immediately to the operating-theatre and prepared for operation. The skin around the wound was cut away with scissors as it was impregnated with the dirt from the edge of the spike. The incision was begun at the lower end of the punctured wound and continued downwards along the right linea semilunaris. A lacerated wound of the peritoneum was now seen through which bruised intestines presented. The peritoneal wound was enlarged and large masses of blood-clot were turned out of the abdomen. Sponges were inserted and the sides of the abdomen held apart by two long silk ligatures. The under surface of the liver and the gall-bladder were exposed and found intact. The intestines were then examined in the wound track and were seen to be bruised; one piece of small intestine had the external coats torn and the mucous membrane bulged through the opening. No fæces could be seen or fæcal odour detected. At the bottom of the cavity the kidney could be felt torn almost in two; blood welled up through the wound at a great rate. The left kidney was next sought for and its presence made out. The peritoneum was now divided along the outer edge of the ascending colon and this portion of the gut pushed in towards the middle line. The left hand was passed in behind

the colon, the kidney rapidly freed and brought out of the wound. The ureter was clamped, tied, and cut, the vessels treated in the same way, and the kidney was removed. The deep muscles were considerably lacerated and bled freely. Sponges were temporarily inserted and the abdominal cavity washed out with saline solution. The wound was packed with iodoform gauze in strips and dressed with cyanide gauze, blue wool, and bandaged. The patient being greatly collapsed after the operation was left on the table for an hour. He recovered from the shock very rapidly during the next twenty-four hours and made an excellent recovery, the wound being thoroughly aseptic throughout. The gauze was removed on the fifth day after the operation and the stitches on the tenth day. The patient was discharged on April 13th quite well and had been seen three times since; he was now at work again. The urine contained blood for two days following the operation and albumin for twelve days; the quantity of urine passed was on the average between forty and fifty ounces. Mr. Wallis quoted figures showing a mortality of 35 per cent. in cases of ruptured kidney. He gave a list of 22 collected cases of nephrectomy after injury, including the present case. In one of these the result was not stated. Of the 21 cases 14 were subcutaneous lacerations, with 9 recoveries and 5 deaths—a mortality of 35·7 per cent. The remaining 7 had perforated or incised wounds, with 6 recoveries and 1 death—a mortality of 14·28 per cent. The conclusions arrived at were as follows: (1) that the majority of cases got well of themselves where the lesion was subcutaneous and the hæmorrhage retroperitoneal; (2) when hæmaturia persisted, when the accumulated blood caused pressure symptoms, or when there was free hæmorrhage into the peritoneal cavity, it was best to operate; and (3) all cases with external wounds should at once be thoroughly explored and dealt with accordingly.—Dr. W. P. HERRINGHAM asked if it were usual for albuminuria to occur after nephrectomy, and also if any observations had been made on the pulse-tension and size of the heart since the operation.—Mr. F. C. WALLIS replied that he did not know of any observations on the occurrence of albuminuria following nephrectomy, and he had observed no alteration in the pulse-tension and heart of his patient.

HARVEIAN SOCIETY OF LONDON.

Sudden Loss of Sight.

A MEETING of this society was held on Oct. 15th, Dr. W. H. LAMB being in the chair.

Mr. JOHN GRIFFITH read a paper on Sudden Loss of Sight and illustrated his remarks by means of slides shown with the lantern. After some account of the origin of the ophthalmoscope and its value in the diagnosis of obscure cases he stated that Bright's disease was the most common constitutional complaint giving rise to sudden blindness, but even in this affection sudden failure was the exception and not the rule. Amaurosis from uræmia was unattended with changes in the fundus and the loss of sight was complete, yet in 75 per cent. of the cases the pupil readily responded to light. Many vascular changes were referred to—embolism, thrombosis of the central artery, thrombosis of the central vein, hæmorrhage into the sheath of the optic nerve, macular hæmorrhages (including the sub-hyaloid variety), functional disorders, arterial spasm provoked by drugs, and certain nerve complaints. Sudden failure of sight in homonymous hemianopsia, he pointed out, was almost invariably referred to the eye in which this condition existed. In conclusion Mr. Griffith said that acute glaucoma was the cause, above all others, of rapid failure of sight and emphasised the importance of its early recognition in order that attention might not be devoted exclusively to a supposed hepatic trouble. Mention was also made of sudden blindness in cases of retinal detachment, especially those due to myopia and intra-ocular tumours.

Dr. CLEVELAND remarked that Mr. Griffith had not included tobacco among the drugs which might cause amaurosis. He had lately been told of an acquaintance whose rather sudden blindness had been attributed to excessive smoking, and he wished to inquire if such a consequence was probable.

Dr. DAWSON mentioned a case of a man sixty-two years of age who went to work in good health as usual on the morning of Sept. 20th, but from failing sight had to be led home in the afternoon. Dr. Dawson saw him the next morning and he then could barely distinguish light from darkness. According to all accounts he had led a steady life and gave no history of a blow or violence. Mr. Juler examined him a day or two after at St. Mary's Hospital and found sparkling bodies in the vitreous humour of each eye—synchysis scintillans—but no other pronounced ocular lesion. Mr. Juler looked upon these iridescent particles as signs of senility and considered there was little to be done beyond improving the general health. In replying to questions his faculties seemed to be lethargic. When last seen his physical condition was improved, but the loss of vision remained.

Mr. SPENCER HURLBUTT mentioned a case which he had lately under observation and in which rapidly failing eyesight led to the discovery of Bright's disease.

Dr. W. H. LAMB mentioned a case of temporary blindness following an illness which was considered to be a slight diphtheritic attack.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

Hints to Medical Men on the Care of their own Health.—Operative Treatment of Perforated Gastric Ulcer.—Recovery from Traumatic Meningitis.—Splenomegaly.—Exhibition of Cases and Specimens.

THE opening meeting of the current session of this society was held on Oct. 16th, Mr. J. W. TEALE, President, being in the chair.

The PRESIDENT delivered an address in which, after thanking the society for placing him in the position which he then occupied, he pointed out how useful it is to a medical man to be able both to concentrate his mental faculties on the case before him and also to have his temper under control. He then recounted some of his athletic experiences at Oxford and entered on his principal subject, which was described as A Few Practical Hints to Medical Men on the Care of their own Health. His advice was to the following effect:—"Assuming that a man is physically sound and has cultivated athletic exercises in youth it is quite surprising how easily that condition can be maintained by gymnastics continued regularly. For most men light Indian clubs or the Ranelagh, or exercises on both of them, carried out systematically night and morning, will do all that is needed. It is astonishing what a rest after a hard day's work some active physical exercise with the arms will be found to be. It is a mistake to suppose that the busy man wants a great deal of physical exercise. His ordinary day's work with what it involves in taxing mind and body is generally nearly enough for him with some physical exercise as above suggested. It is well also to cultivate the art of sleeping for a few minutes at any time. In regard to food for a sound man everything that is good is wholesome, taken at proper times and in proper quantities. After a man is twenty-five or thirty years of age he only wants as much food as will maintain his weight and not add to it. It is quite possible to be too busy to dine, in which case a cup of soup or a sandwich and glass of wine is better than a hearty meal. A good dinner implies leisure for digestion. Half-an-hour's leisure before dinner will often enable a man to eat a hearty meal. For most medical men I believe that a late dinner is advisable for if taken in the middle of his work either the meal or the patients must suffer. Two good meals and a moderate one are enough for most healthy men leading a busy life. Mix your wines by all means, provided they are good and you do not take too much of them. Spirits are useful when one is jaded or exhausted as a change from wine at dinner, but they are unnecessary and hurtful when taken between meals or at bed-time, except for special reasons. Three hundred and sixty-five glasses of whisky taken in one year at bedtime are a needlessly severe tax on the liver when its work is in full swing. An ordinary healthy man may have a cold bath daily up to almost any age, but as the object is not only to get up a reaction, but to keep it, most hard-working men require that cheapest of all luxuries, a fire in their dressing-rooms, and a hot bath towel. If this is followed by a course of Indian clubs in his flannels a man will be fit to face any weather. The same underclothing should be worn, winter and summer, of wool, and only the outer clothing varied. Colds are generally caught either in

ill-warmed rooms or through ill-protected feet. With good Jaeger boots in bad weather, and *putties*, as the serge leg-rollers are called, which were introduced by the 10th Hussars from Afghanistan, you will be able, with the aid of a good overcoat, to drive with impunity in an open dog-cart on the top of a Yorkshire Wold in a blizzard, especially if before starting you have laid in a store of warmth by breakfasting in the wraps in which you propose to travel. If chilled through by a cold drive in the open walk home if possible for the last mile or two, keeping on your heavy wraps to restore your circulation. With a well-arranged room and a well-contrived fireplace most healthy people can learn to sleep with their windows open winter and summer. Medical men are specially liable to badly-aired beds, for they are often sent for hurriedly. Nor will the strongest constitution resist such an infliction. This risk will be best guarded against by carrying in your travelling bag a light flannel dressing-gown to put on the damp sheets. Every man should be regularly inspected by his dentist. It is a simple matter to brush the teeth after every meal, and by rinsing with cold water you get an early intimation of danger. No amount of precaution can make the necessity of turning out of bed at night otherwise than dangerous, but if an arrangement can be made by which the clothes can be kept aired and warm and if a cup of hot milk with a teaspoonful of brandy can be procured the risks may be reduced to a minimum. With regard to holidays, every medical man should have if possible an out-door sport of some kind. Golf and cycling are good, but perhaps the best of all is fly-fishing."

Mr. LITTLEWOOD read the notes of two cases of Perforated Gastric Ulcer which he had recently operated on successfully by abdominal section. One patient was a girl aged eighteen years under the care of Mr. Byrd of Pudsey; the operation was performed on May 4th, 1896, nine hours after the perforation. The ulcer was about half an inch in diameter and was situated in the anterior wall of the stomach. The other case was a girl aged eighteen years, under the care of Mr. Woodcock of Holbeck; the operation was performed on July 21st, 1896, six hours after the perforation. The ulcer was about a third of an inch in diameter and was situated in the anterior wall; its edges were indurated and there was a strong adhesion near the right edge attaching it to the anterior abdominal wall. In both cases the ulcers were excised, and the openings were closed with fine silk Lembert's sutures. There was purulent peritonitis in both cases, the contents of the stomach having extravasated; the peritoneum was carefully sponged out and drained and nothing was given by the mouth for seven days. Both patients recovered and were shown at the meeting together with the specimens. Mr. Littlewood attributed his success mainly to the early diagnosis of the perforation. He thought that if possible the ulcer should be excised. He discussed the treatment of purulent peritonitis by washing out or sponging out, and said he considered it almost impossible to thoroughly cleanse the peritoneal cavity; in both cases he was conscious of having left small purulent nodules in the omentum, and suggested that the peritoneum was capable of dealing satisfactorily with small doses of certain forms of septic material.—Mr. PRIDGIN TEALE thought that excision of the ulcer was the correct line of treatment when possible, but in a patient upon whom he operated lately the ulcer lay in the midst of indurated tissue in the shorter curvature of the stomach, and he had not excised the ulcer, fearing to prolong the operation, but had stitched the peritoneum together around the ulcer. The termination was unfortunately fatal, and he would be certainly inclined to excise the ulcer in future.—Mr. W. H. BROWN said that he had operated on two cases, both of which had terminated fatally. He had in each case excised the ulcer; in both the stomachs were greatly dilated, and he thought this had a good deal to do with the fatal result.—Dr. CHURTON considered that the result would partly depend upon the material in the stomach at the time of perforation and upon the special kind of micro-organisms which were present. He related a case of basic pneumonia simulating perforating gastric ulcer.—Dr. KILNER CLARKE said that he had had a case of perforation on the thoracic aspect of the stomach and had great difficulty in operating. The patient died, but it was found post mortem that the stitches had held quite securely. He thought that sponging the peritoneum could not be done at all completely, and by prolonging the operation unduly might do harm. He fed his cases of gastro-enterostomy early and believed he got better results by so doing than by rectal feeding.

Mr. W. H. BROWN read notes of a case of Traumatic Meningitis in a Child followed by Recovery. The child had fallen in the street and gradually became ill with the following symptoms—flushed face, marked emaciation, pupils dilated, legs strongly flexed, and abdomen hollowed; breathing rapid, and becoming still quicker when the child was raised; and the tongue flabby and furred. Every few minutes the patient opened his mouth, gave a sharp cry, and then shut it. *Tache cérébrale* was well marked. The child recognised no one and took food badly. The bowels were constipated, there was frequent vomiting, the pulse was slow and at times irregular, and double optic neuritis was well marked, but after a few weeks improvement set in and has been steadily maintained. Mr. Brown drew attention to the extreme emaciation present in this child and to the medico-legal aspect of this symptom in cases where parents are prosecuted for cruelty to children. In these cases great stress is laid upon the amount of emaciation present, yet here was a child who, in spite of careful feeding for weeks, remained little better than skin and bone; and had the illness occurred in some squalid cellar with the usual wretched surroundings the parents would probably have been brought before a magistrate on a charge of cruelty to their child. It should always be borne in mind that wasting may persist even under the most favourable circumstances.

Dr. CHURTON described four cases of Splenomegaly, and attempted to distinguish the disease from various forms of anæmia on the one hand and of enlarged spleen on the other. The distinction appeared to lie in the facts: (1) that the toxin causing the anæmia caused enlarged spleen first of all; (2) that destruction of red corpuscles occurred in the spleen, but whether this destruction was brought about by the toxin or by the increased numbers and activity of the endothelial and connective tissue cells or by both was uncertain; and (3) that subsequently certain selected tissues or organs became affected in definite order. In the four cases—all of them women—which had been under his care in the Leeds Infirmary during the last eighteen months the nervous system showed merely some debility; menstruation was irregular, in one case it was excessive; digestion was not worse than before the disease; in one case there was hæmorrhage from the bowel; in all four hæmorrhage occurred from some mucous surface—nostrils, gums, and in one case apparently from the trachea or bronchi; in another hæmatemesis occurred daily for a fortnight; in one case jaundice was distinct; in another the skin was, and still is, of a deep lemon colour, but no bile pigment could be detected in the urine by nitrous acid, iodine, or iron; there was anæmia without leucocytosis or enlarged glands; the blood-cells, greatly reduced in number, formed rouleaux imperfectly, but though of varied size the cells were not deformed; there was no disease of the lungs or heart though hæmic bruits were present; œdema of the legs and ascites occurred in all. Three of the patients were tapped at intervals. One of them, a young woman who had been in the hospital several times, leaving whenever some improvement had been gained and returning in a few weeks or months worse than before, now has nephritis and a pleural effusion on the right side. Eight ounces of fluid were withdrawn by a trocar; the specific gravity was 1014 and it did not coagulate spontaneously. Nevertheless, her anæmia is much less marked; the spleen, formerly greatly enlarged, cannot now be felt, and her former ascites seems to be cured. The antecedents of the disease appeared to be in one case prolonged gastric and intestinal indigestion; in another poisoning by suppurative vaginitis due to an indiarubber ring pessary retained for three years; in a third, conditions of poverty; and in the fourth, hæmorrhage during confinement and perhaps a former attack of influenza. The march of the micro-organism or spread of the toxin appears to observe the following order:—spleen, blood-cells, peritoneum, subcutaneous lymph-spaces, liver, and capillaries of some mucous membranes.

The following cases and specimens were shown:—

Mr. SECKER WALKER: A case of Extensive Necrosis of the Temporal Bone in a child aged three years following an attack of scarlet fever.

Dr. WARDROP GRIFFITH: A case of Chronic Hydrocephalus with very Acute Optic Neuritis.

Mr. LITTLEWOOD: Sarcoma of the Tongue, Vesical Tumour, and Suppurating Cystic Kidney removed by abdominal nephrectomy.

Dr. HALL: Incisor Teeth Cut at Birth and Right Canine Tooth displaced to the Centre of the Hard Palate.

Dr. BARBS: Cerebral Hæmorrhage due to Fungating

Endocarditis and Mediastinal and Pleural Tumours of Hodgkin's Disease.

LIVERPOOL MEDICAL INSTITUTION.

Addison's Disease.—Malignant Disease of the Pylorus in a Youth.—Mal-union of the Femur: Operation.—Thyrotomy for Laryngeal Warts.—Thyrotomy for Epithelioma of the Vocal Cord.—Extensive Skin-grafting by Thiersch's Method.

A MEETING of this society was held on Oct. 22nd, the President, Dr. RICHARD CATON, being in the chair.

Dr. T. R. BRADSHAW showed a man aged thirty-one years the subject of Addison's Disease. The pigmentation had existed for twelve months. Two months ago the patient had to relinquish his occupation on account of weakness and pain in the back. The pigmentation was universal, but most marked on the genitals, face, and the backs of the hands and forearms; several flat, almost black, moles were present on the face, and many patches on the inside of the cheeks There was no excess of pigment in the choroid. The pulse was of very low tension. There were occasional attacks of vomiting The patient had been taking suprarenal capsule by the mouth for some time. The only apparent effect was that the temperature, which had been sub-normal, had now risen to normal.

Dr. GLYNN read notes of a case of Malignant Disease of the Pylorus in a youth aged twenty years who had suffered from "stomach trouble" for three months. When seen by Dr. Glynn there were dilatation of the stomach, exaggerated peristalsis, and a hard lump about the size of a walnut was to be felt about the position of the pylorus. An exploratory operation was performed, but was abandoned as the abdominal glands were found to be infected. The patient died from inanition fourteen days later.

Mr. ROBERT JONES related a case of operation for Mal-union of the Femur. A youth aged nineteen years fell and broke his thigh at sea. There was no medical man on the ship. On landing he had a weak leg and there was shortening to the extent of three inches. An operation was performed by the open method. A useful limb with shortening of one inch was the result.

Mr. R. W. MURRAY showed two children upon whom he had performed Thyrotomy for Laryngeal Warts. One of the children, a girl eight years of age, was operated upon eighteen months ago. Her voice was strong, but slightly husky. The other child, a boy aged three years, had been operated upon six months ago. He also spoke with a strong but husky voice. Before operation both children spoke in a whisper.—Mr. BARK said he could not agree with Mr. Murray's general condemnation of the endo-laryngeal operation in young children.

Dr. HUNT and Mr. PAUL related a case of Thyrotomy for Epithelioma of the Vocal Cord. Dr. Hunt said the disease occurred in a man aged fifty-six years who had slight hoarseness of twelve months' duration, but no other untoward symptom. Laryngeal examination showed a small white papilloma in the anterior third of the left vocal cord. The diagnosis was based on the colour of the growth, its inflamed base, its invasion of the substance of the cord, and the age of the patient. The mobility of the affected cord was unimpaired. Mr. Paul said that he had performed thyrotomy in this case and had excised the left vocal cord and neighbouring tissue after the manner recommended by Mr. Butlin and Dr. Semon. A Hahn's cannula was used. The subsequent course of the case was very favourable. The laryngeal wound closed in about a fortnight. Voice was gradually recovered until it became practically normal, the left cord appearing by the laryngoscope almost exactly like the right. Sections of the growth proved it to be an epithelioma.—Dr. GEMMELL, speaking as an anæsthetist, said that much advantage and comfort were gained by the use of Hahn's tube.

Mr. RUSHTON PARKER exhibited a case of Extensive Skin-Grafting by Thiersch's Method. The patient, aged twenty-six years, had a large, painful, contracted scar on the back the result of a burn thirteen years previously. The scar was incised and stripped up all round from the fascia beneath, leaving an open wound about nine inches by five inches in size. This was covered with large ribbon-shaped grafts about one inch wide and from three inches to six inches long taken from the thigh. These grafts consisted of the superficial layers of skin and epidermis. Twelve days later some more grafts were applied to some granulating surfaces between the original grafts. The grafts were covered with strips of gutta-percha tissue and cyanide gauze moistened with boracic acid lotion, the dressings were changed at first once a day, but after some days thrice daily. Eventually the large gap was filled with sound skin.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.

Spina Bifida.—Malignant Tumour of the Right Lung.—Addison's Disease.—Biographical Sketch of William Cullen, M.D., F.R.S.

THE second meeting of the session took place on Oct. 23rd, the chair being taken by the President, Dr. W. L. REID.

Dr. C. O. HAWTHORNE showed a girl aged eight years with a Spina Bifida in the cervical region which had healed spontaneously. The tumour at birth was of considerable size, but gradually diminished during the second year, the diminution being attended by leakage from the surface. It is now a sub-globular mass situated in the middle line about the middle of the cervical region, having a shrivelled appearance and a boggy sensation when handled. It is distinctly pedunculated, and above its level is a wide gap separating the muscular masses on opposite sides of the neck; the finger introduced into this gap does not detect any distinct spinous processes, as if here also the formation of the osseous structures was imperfect. At no time had the child suffered from paralysis or convulsions. There had never been any tendency to hydrocephalus and the mental development is good.

Dr. LINDSAY STEVEN narrated the clinical history of a case of Malignant Tumour of the Right Lung which led to a number of secondary growths in some of the superficial groups of lymphatic glands and in the skin. The specimens from the case were exhibited and microscopic slides were also shown.—Dr. WORKMAN, who had made the post-mortem examination and examined sections of the tumour, expressed the opinion that the growth was an alveolar sarcoma.—Professor COATS considered that the tumour in its mode of origin and extension more closely followed the habit of cancer, and the appearances under the microscope he regarded as not inconsistent with this view.

Dr. LINDSAY STEVEN also related the clinical facts of a case of Addison's disease. The patient, a male aged thirty-five years, had for twelve months complained of general weakness and vomiting, and the typical discolouration of the skin and the buccal mucous membrane had been present during the last four months of life. A somewhat unusual feature in the case was a sudden and violent maniacal attack which appeared on the day before death and lasted for several hours. Dissections prepared by Dr. M. B. Hannay, showing the caseous suprarenal bodies and the thickening and matting of the tissues in the neighbourhood of the semilunar ganglia and solar plexuses, were exhibited.

Dr. CULLEN read a Biographical Sketch of William Cullen, M.D., F.R.S., Professor of Practice of Physic in the Universities of Glasgow and Edinburgh, author of "Cullen's Nosology," &c. The paper was illustrated by the exhibition of Cullen's diplomas, commissions, letters, manuscript lectures, and other objects of interest.

UNIVERSITY OF CAMBRIDGE.—The General Board of Studies have reported that in their opinion the stipend of the Professorship of Surgery should be £500, not subject to diminution if the Professor holds a College Fellowship. But the present state of the University's resources do not admit of a larger stipend than £300, though it is expected that after 1898 the available funds may permit of this being raised to the full amount. The Professor will be allowed to take private practice.—The number of medical students entered this term is understood to be 146, which is somewhat less than the number in 1895.—Mr. Newall and Mr. Skinner have been appointed Examiners in Physics, Mr. Neville and Mr. Ruhemann Examiners in Chemistry, and Mr. Lister and Mr. Seward Examiners in Biology for the First M.B. Examination; Dr. Shore and Professor Halliburton (London) Examiners in Physiology, Dr. Hill and Professor Paterson (Liverpool) Examiners in Anatomy, and Messrs. Ivatt and Adie Examiners in Pharmaceutical Chemistry, for the Second M.B. Examination.

Reviews and Notices of Books.

Applied Bacteriology: an Introductory Handbook for the Use of Students, Medical Officers of Health, Analysts, and others. By T. H. PEARMAIN and C. G. MOOR, M.A. Cantab. London: Baillière, Tindall, and Cox. 1897. Price 12*s.* 6*d.* net.

THIS work, though it claims to be specially suitable for medical officers of health, may be accepted as appealing to a somewhat wider *clientèle*, as, although the ground covered necessarily comes within the domain of a medical officer of health, there is little in the book which should not be thoroughly understood by every student of bacteriology. In fact, the same criticism may be offered in connexion with this book that has time after time been made on other works of a similar nature, that, although the methods and technique are very well described, the reasons for the use of these and the general results to be obtained are not given; and however valuable the mere facts may be, they are, without the application and conclusions which in most cases might be given in a few pages, deprived at least of some part of their value, and in some cases no inconsiderable part. The technique given in this work is very full and in most cases very good, as the authors have apparently gone to the original sources for the descriptions of most of the methods that they give. Some of the references are, however, incorrect. One on page 123 certainly, Dr. C. Theodore Williams's experiments being ascribed to Dr. Marshall Ward. Then, too, we think that the descriptions of the preparation of antitoxic serum and its action will scarcely be accepted as conveying an accurate idea to those who are not fully conversant with these subjects, whilst it will be the feeling of most of those who have undertaken the examination of water with the view of isolating the typhoid fever bacillus that the authors have been much more fortunate with their experiments than have most investigators when they are able to say that "there is no great difficulty in detecting the typhoid or colon bacillus if present." Even Chantemesse's, Parrietti's, and Elsner's methods are scarcely sufficient to render this an easy matter. Later the authors state that the isolation of the cholera bacillus from water, "as in the case of the typhoid bacillus, is a matter of some difficulty, as this organism is rapidly overgrown by the ordinary water bacteria." The experience of most bacteriologists is that the separation of the cholera bacillus is a simpler matter than the separation of the typhoid bacillus.

The book is well got up and the coloured illustrations of naked-eye growths and microscopic appearances of organisms add very distinctly to the value of the work, which, taken altogether, may be recommended as a convenient and, in most cases, accurate account of the methods with which a public analyst should be conversant in order that he may carry on bacteriological investigations with any chance of obtaining satisfactory results, and we congratulate the authors on the manner in which they have placed before their *confrères* the information that they have been able to collect.

An Atlas of the Normal and Pathological Nervous Systems. By Dr. CHRISTFRIED JAKOB, with an Introduction by Professor Dr. AD. V. STRÜMPELL. Translated and Edited by JOSEPH COLLINS, M.D. London: Baillière, Tindall, and Cox. 1896. Price 15*s.*

THIS volume forms the second of a series of "hand-atlases" which are now being issued by a German firm and which Messrs. Baillière, Tindall, and Cox have secured the rights of reproducing in an English edition. We had recently the opportunity of noticing the present work in the original and have little to add to what we then said. Of the utility of such compendia there can but be one opinion, and if all the series are prepared with the same care and attention to detail as the present there is no doubt of their being widely appreciated. The plates consist of a large number of anatomical drawings, some diagrams, and several figures of pathological conditions. They are for the most part clear and accurate, the complexity and intricacy of some of the sectional views of the brain being responsible for some want of definition in the plates. So far as pictorial representations can go in substitution of actual dissections very much can be learned by the student who studies the atlas, each plate being accompanied by an ample description. But perhaps the best purpose to whic the book may be put is by using it side by side with the anatomical specimen, and for this the handy size of the volume is of no small advantage. In addition to the plates there is a succinct account of the anatomy and pathology of the nervous system, the chief drawback to which is the necessarily small compass into which the facts have had to be compressed. Still, as a means of supplementing and recalling anatomical and pathological facts learned from larger treatises, this manual may be used with advantage. The translator has done his part with ability, although in his desire to be literal he has at times had occasion to make use of terms which are hardly deserving the name of "current phraseology."

Abdominal Surgery. By J. GREIG SMITH, M.A., F.R.S.Edin., Surgeon to the Bristol Infirmary, Professor of Surgery, University College, Bristol. Fifth Edition. 1896. London: J. & A. Churchill. Price 36*s.*

WE are pleased to see another edition of this well-known work on the surgery of the abdomen. We are not surprised to find that the increase in its size necessitated by the additions to its contents have compelled the editor to issue it in two volumes. Much new matter has been introduced, most of the sections have been recast, and several have been entirely rewritten. Amongst the new material will be found articles on the Surgery of the Abdominal Parieties, on Symphysiotomy, on Sub-phrenic Abscess, on the Surgery of the Ureters, and on various other subjects of less importance. The articles on Hysterectomy for Myoma, on Enterectomy and Allied Operations, on Gastric Ulcer, and on Appendicitis have been re-written and greatly extended. The author points out that the space now given to appendicitis compares with that given to ovariotomy and that to the surgery of the ovaries. He considers that it means fuller knowledge in bringing the various departments of abdominal surgery into their mutual proportions and that writers are able to present a subject with a fulness in some measure corresponding to its importance. Over 140 new engravings have been introduced. There is a full and extremely well-arranged index to both volumes. This new edition reflects great credit on the author and those associated with him in its production. It is the standard work on the subject of which it treats, and cannot be too widely known.

The Book of the Dairy: a Manual of the Science and Practice of Dairy Work. Translated from the German of W. FLEISCHMANN, Ph.D., Professor of Agriculture in Königsberg, by C. M. AIKMANN, M.A., Sc.D., F.R.S.E., formerly Lecturer on Agricultural Chemistry in Glasgow Technical College, and R. PATRICK WRIGHT, F.H.A.S., F.R.S.E., Professor of Agriculture, Glasgow and West of Scotland Technical College. London: Blackie and Son. 1896. Pp. 331. Price 10*s.* 6*d.*

THE great importance of milk and other dairy products as articles of diet renders any work dealing with the subject of much interest to others besides the dairy farmer and the agricultural student. The translators, recognising this, anticipate that the work of Professor Fleischmann, who has

long enjoyed in his own country the reputation of being one of the greatest living authorities on dairy work, will be found of value to medical men generally and especially to medical officers of health. If the large increase in practical and scientific dairy work which is foreshadowed by the author's preface should take place in Great Britain, this translation ought to achieve great popularity. There is no doubt that the day of cereals is over for Great Britain under the existing political scheme. The value of the annual growth of wheat alone during the last quarter of a century has decreased in the United Kingdom by the enormous sum of £23,000,000—the figures, as quoted by the translators from the statistics of Mr. R. F. Crawford in the Journal of the Royal Agricultural Society for 1895, are "in 1869 £34,000,000, and in 1893 £11,000,000." A similar though not so extreme and sensational a change has taken place in the prices of barley, oats, and other less extensively grown grains. Free trade, consequent foreign competition, and improved ocean traffic account for the depreciation in value of British wheat, and now the same factors promise to lower to a starvation minimum, if not altogether to abolish, the profits to be made on British cattle-raising. Driven from pillar to post our farmers are beginning at last to turn their serious attention to their dairies. Here, if they can turn out the finest article in the market, they need not fear foreign competition. But Great Britain has its disadvantages. It is but half an agricultural country. The development of our mineral resources has absorbed the attention of our great thinkers for many years; and the number of exact, comprehensive, and trustworthy treatises on agricultural subjects, written with a view of raising the general standard of knowledge among farmers of their own business, are few, while very few, if any, of them give to the subject of dairy-farming its proper meed of importance. Dairy-farming was in the days of dear corn, and is by many even now, looked upon as but a small adjunct to agriculture. But this small adjunct has now become one of the few branches of agriculture which pay if properly managed, and that without fear of foreign competition. With regard to the comparative insignificance of the industry the translators say, with all the added intensity of italics: "The science of dairying in the United Kingdom has for its subject matter the management, rearing, and feeding of about 4,000,000 cows, and the production, treatment, and sale of nearly 1,800,000,000 gallons of milk, and the whole processes of the manufacture of the greater part of this enormous quantity into butter and cheese." Yet with such persistence has dairy work—or the science of dairying, as this book regularly terms it—been regarded as of no particular account in Great Britain, that in spite of some little progress made recently under the stress of the falling prices and the movement in favour of technical education, our systematic knowledge of the subject is far behind that of many foreign nations who compete with our home produce in our own markets. It is with the patriotic intent of turning the tables on Germany, by placing the British producer on the same level as his foreign rival, that the translators have offered us this German treatise. It is open to doubt whether the work is not a little too learned for the comprehension of the multitude. We think, for example, that the number of persons practically engaged in cheese-making who will be able to grasp the fact that to make a cheese is to carry to a successful issue an experiment in bacteriological culture is limited. But as a handbook to practical systematic instruction the work will prove exceedingly valuable. Medical officers of health are, as has been said, especially sought by the translators as an audience. They have already much to read and much to think of, and Professor Fleischmann's is a big book. But, on the other hand, this translation is clearly and simply written, and the subject is one of prime importance to them. Milk has been much approached from its bacteriological side and plays a large part in the dissemination of infective disease. On these points medical officers of health are nowadays necessarily well informed. But many will be glad to possess a book which contains the whole subject of dairy work between its covers. The preparation of milk for preservation, the art of cheese-making, the manufacture of butter, and the economic aspects of dairy-farming are subjects with which not only the public health officer, but every medical man would be none the worse for an acquaintance, and nowhere could he find these topics more lucidly discussed than in Professor Fleischmann's treatise. The publishers have done their share of the work well, and the copious illustrations are good and to the point.

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1. *Recherches sur la Faune Parasitaire de l'Egypte.* Part I. By Dr. A. LOOSS, *Privat Docent* of Leipzig University. With 16 Lithographed Plates.
2. *Ueber den Bau von Distomum Heterophyes v. Sieb.* By Dr. A. LOOSS. Kassel. 1894.
3. *Strongylus Subtilis, an Unknown Kind of Parasite Affecting Man in Egypt.* By Dr. A. LOOSS. Being a reprint from *the Centralblatt für Bakteriologie.* Kassel. Band XVIII., No. 6. 1895.
4. *On the Anatomy and Histology of the Bilharzia Hæmatobia* (COBBOLD). By Dr. A. LOOSS.

TWO years ago Professor Leuckart's assistant obtained leave from his university to spend the winter months in Alexandria and Cairo. The book and the three pamphlets mentioned above represent some of his labours at that time and since. Yet Dr. Looss, like a true German work-lover, apologises for the paucity of his labours and complains that a severe illness prevented his unravelling the complex problem of the bilharzia infection of man. We believe that he is now temporarily in Egypt again, and we, therefore, trust that we shall some day see a second volume of his Researches on Egyptian Parasites. The first volume, enriched by sixteen beautiful drawings no less well lithographed, has been published by the Institute of Egypt—a society under Government protection originally started by Napoleon and his famous *savants* nearly a century ago. The anatomy of the distomata has been very well worked out, and the volume is a valuable contribution which will be welcomed by all helminthologists. The coloured races of Egypt, from their unclean habits of eating and drinking, are already the hosts of most entozoa, and it is quite possible that there are still unknown parasites which will be discovered when clinical and pathological researches become the rule and not the exception in that country. The last communication on the list is practically intended for the new edition of Leuckart's "Parasites of Man." If untiring energy, accuracy of description, and talent in delineation are of any avail we can hope that Dr. Looss will some day be rewarded by finding the insidious mollusc, if mollusc it be, which acts as intermediary host to the bilharzia hæmatobia, quite the most important of those parasites which infest and render miserable the adults of both Upper and Lower Egypt.

The Diary of a Resurrectionist, 1811–1812. To which are added an Account of the Resurrection Men in London and a Short History of the Passing of the Anatomy Act. By JAMES BLAKE BAILEY, B.A., Librarian of the Royal College of Surgeons of England. London: Swan Sonnenschein and Co., Limited. 1896. Pp. 180. Price 3*s.* 6*d.*

MR. BAILEY deserves the warm thanks of every member of our profession. The trade of resurrectionist, though eminently repulsive and immoral, was, after all, only the natural results of the obstacles to the study of medicine which existed at the time. Anatomy is the bed-rock of medicine and surgery and cannot be learned without

a body to dissect; as the law stood at the beginning of the century, bodies other than those of felons who had suffered the penalty of death not being allowed to be procured for the study of anatomy in a legal manner had therefore to be procured illegally, and Mr. Bailey's scholarly introduction gives a vivid picture of the ways of resurrectionists, their relation to their employers, and the terrible abuses which led to the passing of the Anatomy Act. Mr. Bailey mentions that various devices were tried to make dissection less distasteful to the general public. Sir Philip Crampton used to lecture with open doors and gave demonstrations in anatomy to poor people, who often became interested in the subject and would bring him bodies for dissection. In 1829 a surgeon gave a demonstration before the overseers and churchwardens of St. Clement Danes, and so interested his audience that they consented to the post-mortem examination of the body of every unclaimed pauper an inquiry into whose case might appear conducive to the interests of medical science.

Possibly the artist of the "Cider Cellars," Mr. Hodgen, whom Pendennis and Warrington used to hear in his great song "The Body Snatcher," was actuated by the same laudable desire, though "properties" which consisted of a coffin, a skull, a lantern, and a shovel were, perhaps, scarcely calculated to popularise his trade.

As to the diary itself, it is written with a *naïveté* worthy of Pepys. The author was probably a man named Naples, and he worked with seven others. Unlike Pepys, however, the writer refrains from details of his amours, but, on the other hand, we frequently have the simple entry, "I got drunk," or "Intoxicated all day," or "Monday, 20th: At home all day and night. Butler and Jack got drunk. Tuesday, 21st: Look'd out; Jack and Butler, drunk as before." The price of a full-grown body seems to have been £4 4*s.*, of a fœtus £1. Sometimes signs of disease are mentioned—e.g., "1 large yellow jaundice sold at Brook's." Altogether Mr. Bailey has given us a most interesting little book and we commend it to the notice of every medical man.

Diagnostik der Harnkrankheiten. Von Prof. Dr. C. Posner, Zweite verbesserte Auflage. Berlin: A. Hirschwald. 1896. (*Diagnosis of Urinary Diseases.* By Prof. C. Posner. Second improved edition. Berlin: A. Hirschwald. 1896).

WITHIN the compass of ten lectures Professor Posner has here traversed the ground of facts relating to the diagnosis of diseases of the urinary organs, excluding the kidneys. The subject is dealt with in systematic fashion, and, so far as we can judge, nothing material has been lost sight of. The first chapter is of some general interest, as in it the author discusses the relationship between the local affections of these organs and general states. It is interesting to note that he ascribes so-called "urinary paraplegia," which in days past was cited as an instance of reflex paralysis, to an ascending neuritis. The bulk of the little work is composed of descriptions of methods of differential diagnosis, including the microscopy of the urine, and the use of the endoscope and cystoscope in disorders of the urethra and bladder.

LIBRARY TABLE.

Dr. Rumsey's Patient. By L. T. MEADE and CLIFFORD HALIFAX, M.D. London: Chatto and Windus. 1896. Pp. 343. Price 6*s.*—The authors of this book have written a number of stories in the *Strand Magazine*, upon many of which we have commented as regards both their construction and their scientific accuracy. The medical novel, with the exception of those by French authors which describe gynæcological conditions, such as vaginismus, with extreme accuracy and wealth of detail, are in general hopelessly inaccurate. Whether this is from a desire to soften down matters which would be revolting to the lay mind or from laziness in verifying facts matters not, and the book we now criticise forms no exception to the rule. The hero suffered from a family curse—doubtless a valuable article in these democratic days. "There came upon those on whom it descended an extraordinary and complete lapse of memory for the grave events of life, accompanied by perfect retention of memory for all minor matters." This condition—i.e., lapse of memory, or rather unconscious action—is not unknown in epileptics or in the commencement of some forms of insanity, but the authors do not mention epilepsy, and as they say this doom was more dreaded than madness they evidently do not consider that it was a form of insanity. The hero accidentally kills a man and having hidden the stick with which he did the deed starts off to tell his father but, before so doing, forgets the circumstances altogether. As we said above, this is possible if he were an epileptic; or, rather, he might commit a murder unconsciously, although he would not forget the fact, for he would never have remembered it. The false pathology of this vitiates the whole story. There are some good ideas, notably one in Chapter III., which we commend to students of literary coincidence. "Something ..... has killed my soul. ..... You may be, and doubtless are, a great doctor, but you have not come across living men with dead souls before." In the Christmas number of *Chapman's Magazine* for 1895 was a story by Miss Violet Hunt called "The Story of a Ghost," and in it occurs the following passage:—"He was not in her estimation a human being at all but a ghost of a new sort ..... a *disinspirited* body ..... a body that lives and moves without a soul; of that sort of ghost many examples may be in our midst." The idea is good, but spoiled in the present use of it by the fact that Rumsey's patient is conscious of his soulless condition. The ghost in *Chapman's Magazine* was not so, or appeared not so, and the very indefiniteness of the creation adds to its horror. We do not know who Clifford Halifax, M.D., may be, but his pathology and diagnosis are of the vaguest.

JOURNALS AND REVIEWS.

The Ophthalmic Review. Edited by J. B. LAWFORD, PRIESTLEY SMITH, and others. Vol. XV., No. 179. September, 1896. London: J. and A. Churchill.—This number of the *Ophthalmic Review*, besides some notices of books, contains an original article by George C. Harlan on Rupture of the Iris at the Pupillary Margin, and in Continuity from Contusion of the Eyeball. The lesion is a rare one and deserved commemoration. He thinks, with Hirschberg, that such accidents are more common than is usually supposed, and that they would be found, if carefully searched for, in all cases in which (after a blow), the mydriasis is permanent.

La Clinique Ophthalmologique. No. 10, October, 1896. Publié à Paris par les Docteurs R. JOCQS et A. DARIEN, 5, Rue Saint Benoit.—The chief articles in this number are: 1. Report of a case bearing on the subject of Congenital Leucomata, in which an infant seen twelve hours after birth had severe purulent ophthalmia and white spots in the substance of the corneæ. The leucomata were not caused b injury during the instillation of drops or by the ophthalmia, and from a consideration of the family history Dr. P. N. Barabacheff, who reports the case, satisfied himself that it was an example of interstitial keratitis occurring in the second generation due to syphilis in the maternal grandfather. 2. Dr. Abadie discusses at considerable length the nature and surgical treatment of Exophthalmic Goitre. 3. Dr. H. Coppez of Brussels supplies some remarks on the Differential Diagnosis of Tubercular Affections of the Iris.

The Journal of Physiology. Edited by MICHAEL FOSTER, F.R.S., and J. N. LANGLEY, F.R.S. Vol. XX., Nos. 4 and 5. London: C. J. Clay and Sons. Oct. 19th, 1896. Price 12*s.*—The contents of this number are:—1. An article by Francis Gotch and J. S. Macdonald on Temperature and Excitability, with twenty-two figures in the text, in which the authors dwell upon the difference, hitherto neglected, between conductivity and excitability. In regard to excitability they show that certain variations of temperature cause a change in the excitability of nerve or muscle, but that the increased or diminished excitability observed must not be taken in a general sense as applied to every form of stimulus, but that experimental evidence must determine for each form of stimulus the change in such susceptibility. 2. Professor E. Waymouth Reid of Dundee on the Influence of the Mesenteric Nerves on Intestinal Absorption, the outcome of which is that the effects of excitation and section of the mesenteric nerves upon the absorption of peptone and water can be explained by the concomitant changes in the blood supply to the loops of gut induced by the action of the vasomotor nerves upon the arterioles, and that consequently there is no reason to believe in the existence of mesenteric nerves with specific absorption fibres comparable to the secretory fibres of glands. 3. J. W. Pickering, D.Sc., on the Coagulability of the Blood of Albinos. These experiments were made on the Norway or Arctic hare, and the author of the paper found that the intravenous injection of either a nucleo-proteid or of a dilute solution of the synthesised proteid-like colloid (colloide aspartique of Grimaud) fails to produce intravascular coagulation of the blood. A subsequent intravenous injection of $CaCl_2$ also fails to induce intravascular coagulation. 4. Professor E. Waymouth Reid on a Method for the Estimation of Sugar in Blood. This consists essentially in using phosphotungstic acid as the proteid precipitant, the filter-plate as an extraction apparatus, and the Allihn-Soxhlet gravimetric process for the estimation of the extracted glycose. He recommends this method as both accurate and speedy and finds the percentages of glucose in blood from the carotids of four dogs (reckoning the total reducing power as glycose) to be 0·155 per cent., 0·131 per cent., 0·167 per cent., and 0·144 per cent. 5. Note on the So-called Tendon Reflex, by Francis Gotch, F.R.S. The experiments here recorded support the conclusion previously arrived at by Waller, that the response is due to direct excitation of the tendon and muscle. The tendon tap may cause, not only a direct response, but a reflex discharge from the spinal cord affecting the opposite limb. 6. Sympathetic Nerve Cells and their Basophil Constituent in Prolonged Activity and Repose, by F. C. Eve, B.A., with a plate. The only change which the author has been able to detect in the nerve cells as the result of protracted activity is the occurrence of a slight diffuse blue stain in the cell substance, which he attributes to the formation of acid by the cell and a consequent slight solution and diffusion of the basophil material shown by Nissl and others to be present in nerve cells. 7. T. Lauder Brunton, M.D., F.R.S., and F. W. Tunnicliffe, M.D., on the Cause of the Rise of Blood Pressure produced by Digitalis. This they attribute to a tonic action exerted by the drug on the vessels. 8. C. J. Martin, D.Sc., Sydney, on a Rapid Method of Separating Colloids from Crystalloids in solutions containing both. The method consists in filtering under a pressure of forty or fifty atmospheres through a membrane of gelatin or gelatinous silicic acid. 9. J. N. Langley, F.R.S., and H. K. Anderson, M.B. Camb., on the Innervation of the Pelvic and adjoining Viscera. This is an elaborate and well-illustrated paper, chiefly dealing with the arrangement of the lumbar and sacral sympathetic nerves in the cat, rabbit, and dog. It contains the results of many dissections. 10. W. Nicholls, M.D., on Hæmodynamics, in which the subject is treated mathematically. 11. M. Greenwood of Girton College on Structural Change in the Resting Nuclei of Protozoa (with plate); the present part, which is the first, deals with the macro-nucleus of Carchesium polypinum.

Analytical Records
FROM
THE LANCET LABORATORY.

SYRUP OF HÆMOGLOBIN.

(ADRIAN ET CIE, 9 ET 11, RUE DE LA PERLE, PARIS.)

HÆMOGLOBIN has been administered with excellent results in cases of general blood impoverishment, chlorosis, anæmia, &c., for it appears to be readily appropriated without giving rise to constipation or gastric disturbance. The syrup of hæmoglobin of the above pharmacists presents the essental blood compound in an agreeable and reliable form. It is a dark-brown but clear syrupy liquid possessing no other taste but sweetness, and exhibiting the exact characteristics of blood when observed with the spectroscope. It turns nearly solid on heating from coagulation of the albuminous constituents. Similarly, the addition of nitric acid leads to the separation of a reddish-brown flocculent mass. On ignition the syrup charred and evolved a strong, mixed odour of sugar and nitrogenous matters burning. The ash remaining was of a deep rust colour and, in addition, proved to contain common salt in appreciable quantity. The preparation is obviously genuine and one that may be employed with confidence as a powerful hæmatinic or tonic.

SCOTCH WHISKY.

(SCOTT AND WRIGHT, 33 AND 35, GREAT TOWER-STREET, E.C.)

On analysis the following results were obtained with this spirit, which is said to be ten years old: alcohol, by weight 40·55 per cent., by volume 47·94, equal to proof spirit 84·02 per cent.; extractives, 0·08 per cent.; mineral matters, *nil*; acidity (reckoned as acetic acid), 0·0186 per cent. The sample which we examined was somewhat smoky in appearance. In view of the statement that it is ten years old we should have expected to find a larger amount of extractive matters derived from the casks in which it should be stored in order to mature satisfactorily. The alcoholic strength is well up to athe averge. The taste, dependent of course upon the blend, is peculiar, but free from harshness and essentially "Scotch."

PEPTONISED COCOA.

(W. P. VAN WYK, FINSBURY CIRCUS BUILDINGS, 18, ELDON-STREET, E.C.)

It is stated that this cocoa has been treated or partially digested with pancreatine after the addition of bicarbonate of soda and that at no step in the process is the cocoa boiled. These statements are so far confirmed by the fact of the cocoa being dark in colour, by its high degree of solubility, by its yielding a strong rich decoction, and by its distinctly alkaline reaction to litmus paper. Further, on the addition of an acid to the decoction a separation of the matters thus made soluble occurs. The flavour is good, though from the alkaline condition of the cocoa somewhat soapy, while it yields practically no coarse particles or sediment on infusion. Undoubtedly the preparation would be employed with advantage as a food and stimulant in certain cases, but not in all. The fact, that the addition of the dilute acid to the decoction of a cocoa, said to be made soluble by the addition of alkali, or of an alkaline salt, throws out of solution certain principles, would indicate the same sort of result as probably taking place also in the acid contents of the stomach. The cocoa is claimed to be especially adapted to gouty and rheumatic subjects. Our analysis showed 5·61 per cent. moisture and 7·82 per cent. mineral matters, the alkalinity of the latter being equal to no less than 3·58 per cent. in terms of potash (K_2O).

ROBINSON'S (1) PATENT GROATS AND (2) PATENT BARLEY.
(KEEN, ROBINSON, AND CO., LIMITED, GARLICK-HILL, CANNON-STREET.)

We take no exception to the claim for these preparations that they both serve as excellent and nourishing foods. The microscope at once indicates the respective cereals from which they are prepared, as well as the care which has been taken to exclude irritating substances. They are quite free from husk and bran. While, as our analysis indicated, the separation of these reduces the amount of mineral and nitrogenous matter normally present in the oat and in barley, it renders the preparation of value for the easily disturbed digestive functions of invalids and infants. The moisture of the groats preparation amounted to 7·55 per cent. and the mineral matter to 1·93 per cent., and in the patent barley the moisture was 10·22 per cent. and the mineral matter 0·87 per cent. The process by which these foods are prepared makes them not only more palatable but more digestible, and therefore of increased nutritive value.

HELM COCOA.
(AGENCY, DAVID CHALLEN, LIMITED, 121, MILDMAY-ROAD, N.)

This cocoa is evidently prepared by the Dutch process, which may consist either in treatment with alkali or with an alkaline salt. Thus the total mineral matter amounted to 7·6 per cent.—and the alkalinity of it to 2·6 per cent. in terms of potash (K_2O). The ash of cocoa not treated in this way averages between 5 and 6 per cent., and the alkalinity only 0·5 per cent. This process in the course of manufacture is said to give a product yielding a better decoction and of greater digestibility. The latter claim is open to doubt. The fact that the addition of a small quantity of hydrochloric acid to cocoas which in neutralising the added alkaline constituent in them precipitates some of the cocoa principles is significant of what may be expected to occur in the stomach.

URANIUM NITRATE PALATINOIDS.
(OPPENHEIMER, SON, AND CO., LIMITED, 14, WORSHIP-STREET, E.C.)

Uranium nitrate has recently been employed, as is now well known, in the treatment of diabetes with encouraging results in certain cases. The disagreeable character of the taste of the salt and its proneness to deliquesce render the palatinoid a very suitable form of exhibiting this drug. Each palatinoid contains 2½ grains.

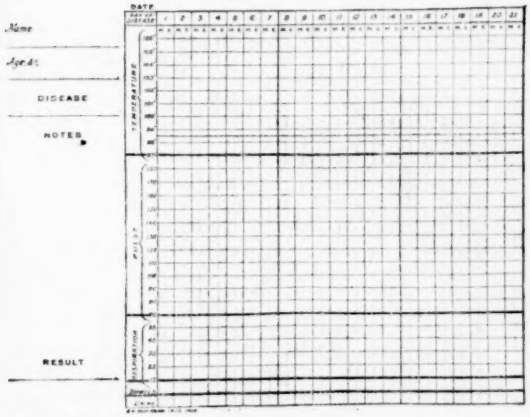
NORFOLK CIDER.
(GAYMER AND SON, BANHAM, ATTLEBOROUGH, NORFOLK.)

We append the analyses of two additional samples to the list of ciders which were reported upon in THE LANCET of Aug. 29th, 1896. Sample N. gave the following results: alcohol, by weight 5·06 per cent., by volume 6·32 per cent., equal to proof spirit 11·08 per cent.; extractives, 2·50 per cent.; malic acid, 0·42 per cent.; acetic acid, 0·0043 per cent.; and sugar, 0·74 per cent. The features in this analysis worthy of special note are the remarkable freedom from volatile acid (acetic), the comparatively small amount of saccharine matters, a minimum of alcoholic strength and of extractives. As would be expected this specimen is agreeably dry to the palate, while it possesses the delicate flavour and aroma of the sound fruit. The sample distinguished by four stars gives the following result: alcohol, by weight 7·47 per cent., by volume 9·29 per cent., equal to proof spirit 16·28 per cent.; extractives, 4·185 per cent.; malic acid, 0·48 per cent.; acetic acid, 0·0078 per cent.; and sugar, 2·77 per cent. This specimen, again, is commendably free from acetic acid, which affords distinct evidence of its sound condition. It is, however, much sweeter than the previous sample and possesses a higher degree of alcoholic strength, but the flavour and aroma leave no doubt of its genuine character. Cider affords a wholesome and beneficial beverage when it presents the satisfactory composition and character of these specimens. Both were found to be free from objectionable preservatives.

New Inventions.

A NEW "TEMPERATURE" CHART.

MESSRS. REYNOLDS AND BRANSON of Leeds write:—Mr. Mayo Robson has suggested to us the accompanying chart, which he is himself using. In the ordinary chart the whole attention is directed to the temperature with very little reference to pulse or respiration. In



many cases the pulse has far greater significance than the temperature, this applying especially to abdominal cases, and it is with a view to being able to compare the daily variations in temperature, pulse, and respiration that the combined chart has been suggested.

THE PATTISSON CYCLE SADDLE.
(PATTISSON CYCLE SADDLE SYNDICATE, 90, SHAFTESBURY AVENUE, LONDON, W.C.)

UNDOUBTEDLY, from a medical point of view, that accessory of the cycle which chiefly stands in need of improvement is the saddle. Much has been said and written on the subject of perineal pressure, and not a few inventions claiming to obviate the injurious effects of the ordinary saddle have been placed on the market. But none, we think, so nearly approaches the ideal as the Pattisson, two of which (one designed for men and another for women) have been submitted to us. This saddle provides complete bifurcation from extreme points, with an adjustable interval, to suit individual requirements; and the leather, kept open by a simple contrivance, assumes a concave form, thus, it is claimed, opening under the delicate parts, and entirely obviating pressure on the perineum. From a trial we have made of the saddle, after careful adjustment of the interval, we are inclined to agree with the claims of the inventor, and we note that that excellent authority on cycling matters, Mr. E. B. Turner, F.R.C.S. Eng., is cited as being of opinion that "this saddle is calculated to obviate entirely the injurious effects caused by the unavoidable pressure on the perineum which an ordinarily shaped saddle produces." An excellent feature of the saddle is that all the adjustments are easily got at, whilst the workmanship and materials appear to be of the best, added to which it is light and entirely free from complications. We think the saddle is one well worthy of the attention of the medical profession.

THOMAS WAKLEY,

THE FOUNDER OF "THE LANCET."

A BIOGRAPHY.[1]

CHAPTER XLII.

The "Medical Times" and the Hounslow Inquest.—Three Successful Libel Actions against Healey and others.—Peace on the Coroner's Bench.—Some Inquests between 1836 and 1861.—The Case of John Sadleir.—Charles Dickens as Juryman.—His Testimony to Wakley's Humanity.

ONE dissentient voice alone was found amid the public congratulation that was evoked by the verdict in the Hounslow flogging case. The *Medical Times*, a paper started in 1839 in opposition to THE LANCET, could find no words too hard for Wakley, and could frame no accusations against him sufficiently enormous or unlikely. He had been an advocate and not a judge. He had adjourned the case when he saw it going against his wishes and had "used the interval in instructing his friend Wilson (a man formerly his own servant) to get up his set-off testimony to the marplot truths of regular and well-informed science..... The judge took refuge in a hireling witness and a hugger-mugger autopsy. ..... There was something absolutely execrable in the coroner's farcical impersonation of judgeship. ..... Coroner Wakley seemed like a man compromised to infamy or worse—personal unhappiness—if it should be proved that White died without murderous guilt in some survivor. ..... He suggests, insinuates, applauds, encourages, assails, twists, twirls, and manœuvres in every shape, form, and direction to conjure up against an honest practitioner a fictitious semblance of murder! ..... Why this needless display of ingenuity to get up against Dr. Warren, or, failing him, Colonel Whyte, or, failing him, the farrier, a colourable semblance of murder? There is, of course, but one reply—*Wakley wants a public sensation to help his fortunes in a forthcoming election.*" And so on. Some of these libels were published while the jury were still sitting. Wakley at once moved in the Court of Queen's Bench for a criminal information against the proprietors of the paper, a certain Healey, who was also editor, and a man named Cooke. A *rule nisi* was obtained, but was subsequently discharged by the court for reasons which it is difficult for the lay mind to appreciate, seeing the coarse and evident nature of the libels. Wakley had defended himself against Healey's slander in a speech made at Exeter Hall and had then used retaliatory terms which the Court considered to justify the refusal to him of the exceptional assistance of a criminal information. Healey cherished a deep hatred for the Editor of THE LANCET. As early as 1843 the *Medical Times*, with this man as editor, had began to libel Wakley in a particularly offensive and audacious manner. Healey made no statements, but he was prolific of the darkest insinuations against Wakley's private morality and political honesty. For the most part what he said was so obviously ridiculous and inspired by personal spite that Wakley was content to let the public judge between his slanderer and himself. When Healey termed Erasmus Wilson "a man formerly Wakley's servant" because Wakley's son had been Wilson's pupil and later his demonstrator of anatomy, the extent to which he was prepared to distort the truth placed him without the range of respectable controversy. Wakley's words in THE LANCET addressed to the profession on the subject were: "We have sometimes been asked why we omit to notice the libels against the private character of the editor of this work, which we were informed often appeared in the leading articles of the *Medical Times*. Our answer always has been that we did not believe that such a trashy production was read by the members of the profession; and, secondly, that the motives of the slanderer were so palpably obvious and his stupidity so thoroughly apparent that if the rogue were allowed rope enough he was sure to cheat the executioner at the Old Bailey." To this policy of silent contempt Wakley rigidly adhered for two years, but in February, 1845, at the instance of his Finsbury constituents, he suddenly turned round upon the foe and instituted civil proceedings against the proprietors of the publication, one of whom was Healey, the editor, and the other, at that time, a man named Weathers. Healey and Weathers allowed judgment to go by default and were fined £150 damages and the costs of the action, their conduct being made the subject of severe stricture by Chief Baron Pollock. The printers of the *Medical Times*, Messrs. Kelly and Co., called on Wakley, apologised for the attacks that had been made upon him, and stated that they had refused to publish the *Medical Times* for the future.

Healey, however, persisted in his course; indeed, the unlucky man made it the object of his life for many years to injure Wakley. He continued to publish the libellous statements and added a reflection upon the Chief Baron's judicial integrity implying that Sir Frederick Pollock had leant towards Wakley's side because "he had been a fellow Member of Parliament." He called for public subscriptions to pay his damages and help him to persevere in his great work of exposing the senior Member for Finsbury. Wakley brought a second action against Healey, with whom in this instance was associated Cooke as publisher. On this occasion the jury found for Wakley with damages £175 and costs of the suit. The defendants then issued a writ of error and at this time occurred the Hounslow inquest. So that at the time when the violent onslaughts upon Wakley as coroner were made, both Healey and Cooke had been found guilty of libelling him, the former having had double experience of the inconvenience of his conduct. Wakley's failure to obtain a rule for criminal information caused delay in the proceedings of the third suit against Healey, the writ in which was issued immediately upon the refusal of the rule. The case was not heard until Nov. 13th, 1849. In the meantime the writ of error in the second suit, which was to have been argued in the Exchequer Chamber, collapsed. No counsel appeared for the defendants, and judgment was given for the plaintiff, the costs and damages of this suit amounting in all to £362. The third action against Healey was tried before Chief Baron Pollock and a special jury, and a verdict was returned for Wakley with damages £350. Against this verdict the defendants Healey and Cooke appealed alleging misdirection and excessive damages. A court consisting of the Chief Baron and three other judges found that there had been no misdirection and that considering the nature of the libels the jury might undoubtedly have awarded a much larger sum. The small sum had been fixed because it had been stated that Healey was not in a position to pay more, which was possible, for he never paid even that.

When the stormy developments which ensued upon the Hounslow inquest finally were set at rest Wakley had peace in his coroner's seat. Many of the Middlesex magistrates

[1] Chapters I., II., III., IV., V., VI., VII., VIII., IX., X., XI., XII., XIII., XIV., XV., XVI., XVII., XVIII., XIX., XX., XXI., XXII., XXIII., XXIV., XXV., XXVI., XXVII., XXVIII., XXIX., XXX., XXXI., XXXII., XXXIII., XXXIV., XXXV., XXXVI., XXXVII., XXXVIII., XXXIX., XL., and XLI. were published in THE LANCET, Jan. 4th, 11th, 18th, and 25th, Feb. 1st, 8th, 15th, 22nd, and 29th, March 7th, 14th, 21st, and 28th, April 4th, 11th, 18th, and 25th, May 2nd, 16th, 23rd, and 30th, June 6th, 13th, 20th, and 27th, July 4th, 11th, 18th, and 25th, Aug. 1st, 8th, 15th, 22nd, and 29th, Sept. 12th, 19th, and 26th, Oct. 3rd, 10th, 17th, and 24th respectively.

had on this occasion supported his authority and borne evidence to his impartiality, and thus an understanding between him and the bench was at last established, which, although it never amounted to cordiality, remained the respectful neutrality of persons who have no reason to think lightly one of another. Attempts were made both within and without the House to prove that Wakley had prostituted the office of coroner to his desire to achieve popularity among his constituents, but the thorough manner in which his duties were discharged and the great practical utility of many of his suggestions were easier of appreciation by the people than were the underhand schemes which were credited to him by his detractors. As a consequence the general feeling was—firstly, disbelief in the everlasting stories of his manœuvring; and, secondly, indifference to the question. Wakley was a good coroner—that could not be gainsaid; and whether his virtues in office had their origin in a moral desire to do right or a political desire to get on did not concern the community. His right to employ a deputy had been legally recognised, and the charges made against him of excessive expenditure had ended in his complete vindication. With regard to his enthusiasm for his work there had never been any question. All had allowed that he was remarkably energetic; and now his critics, who hitherto pointed out that his energy was misdirected and due to improper motives, were reduced to silence, convinced either that they had been in error or that it was dangerous to record further slanders.

Among the inquests held by Wakley between the year 1846 and the year 1861, when his health compelled him to leave England, many, as might be expected, presented points of medico-legal interest. In such cases a synopsis of the evidence and the result of the necropsy were very generally inserted in THE LANCET and not infrequently in the *Annual Register*. Wakley's deliverances from the bench in these cases was generally well worth hearing. They were intended to form a regular vindication of the right of a medical man to the coroner's position, as to prove to demonstration that a medical coroner alone could be capable of interpreting the value of medical evidence to a jury. On such points, therefore, as the extent to which homœopathic treatment could be held accountable for an untoward result; as the proper interpretation of the physical signs of death or of separate existence; as the quantity of prussic acid contained in apparently innocuous solutions like almond water and the poisonous doses of prussic acid and other deadly drugs; as the workings of the Poor-law Acts; and as the value of immediate medical assistance in cases of emergency,—on all these and numerous cognate subjects his words were worth attention, for they were instinct with good sense. Now and again his medical views, based on the knowledge of his day, would hardly meet with acceptance at this end of the century. The spirit which Wakley inculcated was, for example, right when he reproached a well-known physician in uncompromising terms for not promptly attending to an apoplectic patient, ridiculing the excuse that he "had not his cupper with him" as a reason for inactivity. The overweening sense of personal importance which placed the health of the patient lower in the scale than the dignity of the physician was deserving of rebuke; but we know now that cupping is practically useless in such cases, whereas the bleeding which had been performed by the physician might in some cases, if heroic in quantity, have proved salutary.

Wakley was particularly watchful over children, and several of his inquests were held because there had been a reasonable impression abroad that the treatment of the parents had contributed to the death of the child. One such case occurred in the neighbourhood of his own house, namely, in Prince's-street, Fitzroy-square, the inquest being held on Nov. 28th, 1848. A child aged fourteen and a half years had been tied up to a bedpost by her mother and the room locked, while the mother went out for the day. On the mother's return the child was found to be dead, having apparently been strangled in an effort to sit down, whereas the rope had been so adjusted that she was unable to ease her irksome position. Wakley told the woman to consider herself in custody and administered the usual caution before taking her evidence. He then committed her for manslaughter, of which crime she was afterwards found guilty by a jury; but an amiable judge considering that she had acted more through ignorance than from premeditated cruelty sentenced her to one year of hard labour only.

Before bringing the account of Wakley's coronership to a close mention must be made of two more inquests, one because of the temporary importance of the victim and the extremely sensational nature of the episode, and the other because Wakley's conduct during the inquiry has been handed down to eternal fame. These are large words but accurate in this connexion, for Charles Dickens chanced to be on the jury and wrote his recollections of the circumstances. The first was the case of John Sadleir, to which allusion has already been made. John Sadleir was Member of Parliament for Sligo county and had held the post of Junior Lord of the Treasury in Lord Aberdeen's short-lived coalition Ministry, when Gladstone was Chancellor of the Exchequer and Palmerston Home Secretary. Sadleir had sprung into prominence among his Irish countrymen as a violent opponent of that anti-Catholic movement which was brought to a crisis by the Ecclesiastical Tithes Bill and Lord John Russell's indiscreet behaviour.[2] A body was found behind Jack Straw's Castle on Hampstead Heath under circumstances that pointed to suicide distinctly but not quite conclusively. The clothes were undisturbed, but a hat was found at some distance from the body. By the side of the body was a bottle labeled, "Essential Oil of Almonds," a silver cream-jug was discovered also close at hand, which had evidently been the receptacle of the poison, for it still smelt strongly of the essence. A case of razors lay near. At the inquest a surgeon deposed that he had found a considerable quantity of oil of almonds as well as some opium in the stomach of the deceased. Wakley himself identified the body for the information of the jury as that of John Sadleir, M.P., who had been well known to him in the House of Commons. From the evidence of Sadleir's butler it appeared that the deceased had told a servant to procure some essential oil of bitter almonds the evening before the discovery of the body. At this point the coroner seemed disposed to close the inquiry, when it was given in evidence that the deceased had left three letters in the hall of his house in Portland-place. These letters proved to be of a highly sensational character, revealing the story of enormous frauds. Sadleir's countrymen had trusted him, not only with their suffrages but, with their money, and he had been entirely unworthy of the confidence bestowed on him, being simply a most audacious swindler. In these letters he accused himself of "most infamous villainy," and mentioned that "no torture could be too much for such crimes. But," he said, "I cannot live to *see* the tortures I have inflicted on others." He spoke in a similarly repentant strain in a letter to a fellow Irish Member. The letters and all the facts pointed to determination on the part of Sadleir to kill himself, and the jury omitted the usual formula and agreed that the deceased had clearly known the meaning of the action when he killed himself, and was not suffering from temporary derangement. It was an important circumstance that Wakley should have been able personally to identify the body as that of Sadleir, for no sooner did the news of the death reach the public than an astounding rumour was spread and gained wide support that Sadleir was still alive and had escaped to the Continent. The rumour gave details. A pauper's body had

[2] See Chapter XXXVI. of this Biography.

been bought by Sadleir, who saw that the day when he must fly with his ill-gotten wealth had arrived. This body he had exposed on Hampstead Heath attired in his own clothes and under circumstances that should leave no doubt that it was himself who had perished. The servant, who swore that the body was his master's, and who volunteered the information concerning the purchase of the poison, was said to be Sadleir's accomplice. Had Wakley not been able from personal knowledge to assure himself and others that the body on which the inquest had been held was undoubtedly Sadleir's an exhumation might have been necessary, so firm a hold on the popular imagination had the story of the substituted corpse taken. In fact, in spite of the coroner's additional testimony, many people persisted in believing that Sadleir had escaped with his booty, £200,000 being the sum he was reputed to have secured. Twelve years later Miss Braddon used the rumours concerning Sadleir in the plot of one of her earliest sensational stories entitled "The Trail of the Serpent," and only recently a London newspaper revived the *canard* and treated it seriously.

The inquest which Dickens has immortalised occurred much earlier in Wakley's career. The subject of inquiry was the death of an unfortunate infant, whose mother had committed either murder or the minor offence of concealment of birth. It was to decide this point that a jury was empanneled, and how Dickens came to be of that jury he tells in his own inimitable manner, smartly hitting off at the commencement an abuse which altogether disappeared in Wakley's court when the beadle was dispensed with and a special coroner's officer employed to summon the jury.

"The beadle," says Dickens, "did what melancholy did to the youth in Gray's Elegy—he marked me for his own. And the way in which the beadle did it was this: he summoned me as a juryman on coroner's inquests. In my first feverish alarm I repaired 'for safety and for succour'—like those sagacious Northern shepherds who, having had no previous reason whatever to believe in young Norval, very prudently did not originate the hazardous idea of believing in him—to a deep householder. This profound man informed me that the beadle counted on my buying him off, on my bribing him not to summon me, and that if I would attend an inquest with a cheerful countenance and profess alacrity in that branch of my country's service the beadle would be disheartened and would give up the game. I roused my energies, and the next time the wily beadle summoned me I went. The beadle was the blankest beadle I ever looked on when I answered to my name, and his discomfiture gave me courage to go through with it."

The inquest came off in the parish workhouse, and Dickens, who was already famous to the world as the author of "Boz," "Pickwick," and "Oliver Twist," notes his impression that he was unanimously received by his brother jurymen "as a brother of the utmost conceivable insignificance." He proved himself by his own confession to be no fit occupant of the jury-box, being crammed with prejudice in favour of the humaner verdict. From the moment that he gathered the outlines of the story he set himself to work to get the poor girl acquitted. His great opponent was, he says, "a broker who had lately cheated me fearfully in the matter of a pair of card tables and was for the utmost rigour of the law." The evidence showed that the miserable girl, who was present during the proceedings and was seated on a chair looking very weak and ill, had given birth to a child but a few days before, and had cleaned her mistress's doorstep immediately afterwards. Dickens recalls the lack of sympathy of the workhouse nurse, who stood beside her, the brutality of her mistress and the utter solitary misery of this orphan maid-of-all-work. He proceeded to cross-examine the mistress in the interest of the girl.

"I took heart," he says, "to ask this witness a question or two which hopefully admitted of an answer which might give a favourable turn to the case. She made the turn as little favourable as it could be, but it did some good, and the coroner, who was nobly patient and humane (he was the late Mr. Wakley), cast a look of strong encouragement in my direction. ..... I tried again and the coroner backed me again, for which I ever afterwards felt grateful to him, as I do now to his memory,[2] and we got another favourable turn out of some other witness, some member of the family with a strong prepossession against the sinner. I think we had the doctor back again, and I know that the coroner summed up for our side and that I and my British brothers turned round to discuss our verdict and get ourselves into great difficulties with our large chairs and the broker. At that stage of the case I tried hard again, being convinced that I had cause for it, and at last we found for the minor offence of only concealing the birth."

Dickens did not abandon his advocacy of the poor girl when he had got the kinder verdict of concealment of birth registered, but with characteristic thoroughness insured that she should have certain comforts in prison and retained at his own expense counsel for her defence, the result of which powerful advocacy was that the poor girl met with lenient treatment for her weakness. "I regard this," said Dickens in conclusion, "as a very notable uncommercial experience, because this good came of a beadle. And to the best of my knowledge, information, and belief it is the only good that ever did come of a beadle since the first beadle put on his cocked hat."

With Dickens's estimate of Wakley as a coroner this section of his life is fitly closed. Wakley himself would have desired no other critic, and having earned Dickens's praise would have considered that no higher eulogy could possibly be bestowed upon him. And, indeed, that the man to whom officials of all sorts, from Mr. Bumble to Lord Decimus Tite Barnacle, from Mr. Nupkins, J.P., to Mr. Stareleigh, J., were hateful should praise the official in Wakley, and that the most powerful friend that the poor and suffering have ever known should praise the patience and humanity in him constitute a tribute to his memory transcending in force and conviction any words from other lips. Dickens as a judge of practical politics or polite manners might not be considered in the place most fitted for him; exception might be taken to his opinions. But Dickens as a judge of how the official should behave to the poor, and of how a popular court should be conducted, is ideally situated; and the man whom he has commended in such relations need not fear for his memory.

(To be continued.)

LANCASHIRE AND CHESHIRE BRANCH OF THE INCORPORATED MEDICAL PRACTITIONERS' ASSOCIATION.

WE have received from Dr. A. Brown Ritchie, for publication in our columns, a copy of the following resolutions, which were passed by this branch at its quarterly meeting held on Oct. 23rd:—

Resolved: "That this branch of the Incorporated Medical Practitioners' Association is strongly of opinion (*a*) 'that it is derogatory to the dignity of the profession to consult with (1) homœopathic practitioners; (2) those who conduct cheap dispensaries or who otherwise undersell their professional brethren; and (3) those who sell their professional services for the pecuniary benefit of lay societies.'

"And (*b*) 'also that it is undesirable for those holding honorary hospital appointments to see patients for fees at such charitable institutions, and unprofessional to transfer "hospital patients" to their own private practice.'

"Also 'that specific charges of unethical practices having been made against certain medical practitioners, practising as consultants, in directly prescribing for, and subsequently taking charge of, patients sent to them for an opinion, this meeting emphatically condemns such conduct as being not only contrary to the ethical laws of the profession, but as being subversive to the interests of consultants and general practitioners and endangering that amicable relationship which ought to exist between them.'"

[2] The inquest took place in 1841, when Dickens was living in Devonshire-terrace, Regent's-park, but the account did not appear until more than twenty years later, just after Wakley's death.

THE LANCET.

LONDON: SATURDAY, OCTOBER 31, 1896.

WE print elsewhere a critical review of the dissentient memorandum of Dr. W. J. COLLINS and Mr. J. A. PICTON in their capacity as members of the Royal Commission on Vaccination. Why this dissentient memorandum was framed we find difficulty in understanding, and we can only assume that its principal object is to supply something which will be satisfactory to the party who refuse to believe in the protective influence of vaccination. One thing is certain from a perusal of the very guarded terms in which the dissentient Commissioners refer to vaccination, and that is that they believe vaccination to be a means of protection against small-pox. "Nowhere," as we point out in another column, "do they express a disbelief in vaccination as a power against small-pox." Indeed, they go far beyond giving this negative testimony of their faith in vaccination. They assert in a *positive* form that it is both an "effective and trustworthy prophylactic" because they propound the question in a *comparative* form as to whether vaccination can be regarded as a "more" effective and trustworthy agent in the control of small-pox than sanitation and isolation. Then, again, they really advocate vaccination, for they actually suggest that "moral influence" may properly be used in pressing it upon the population, and this attitude pretty well disposes of their having any belief in the terrible risks which, according to some people, are involved in the operation. With some of the recommendations of the dissentients it is obvious that everyone will agree. Who can object to prompt notification of any suspected case of small-pox, or to improvement in medical training as to the diagnosis of that disease, or, again, to the existence of a vigilant staff for the purpose of house-to-house inspection, or to the destruction of infected clothing and bedding, or even to the prompt removal to hospital of all patients who cannot be properly isolated at home? Our Public Health Acts have been framed with the same intention, and much of the work embodied in the recommendations of the two Commissioners is already carried out. But since these measures do not of themselves prevent small-pox in an unprotected community the dissentients are obliged to recommend others. They want quarantine against small-pox both by land and by sea, and it is to be carried out, as they say, with regard to "infected places after the plan adopted in the case of cholera." They apparently forget that in action with regard to cholera no restriction is imposed in this country on any vessel merely because it has come from an "infected place," and that we have entered into a convention with the civilised nations of the world not to interfere with the freedom of passengers and crews on board a ship; unless they themselves give indication of actual illness they can go where they like, for the ship itself or some persons on board must be under suspicion even to allow of the addresses of the passengers being taken before they are allowed to land. How action on the lines of our cholera regulations would help we altogether fail to see. And when towns in Belgium, France, or Holland, for example, are known to be infected with small-pox we also fail to see how any action could be taken at our ports which would be of real value beyond that which is certain to be taken now; unless, indeed, everyone coming from such infected places were detained under observation for at least a fortnight. It is true that evidence of vaccination of persons on board might be demanded if we attempted to put any of the suggested restrictions into force, but this would probably be regarded by Mr. PICTON, if not by Dr. COLLINS, as most improper.

It is a curious thing that as long as the anti-vaccination party remain simply in opposition they are tolerably unanimous, whether they be opponents of vaccination as such or only opponents of its remaining compulsory; but the moment they come to suggest alternatives to vaccination they tread on each other's toes and there is division in the camp. It is a terrible thing, so Dr. COLLINS and Mr. PICTON believe, not to allow "personal option" as regards this particular "medical prescription" of vaccination, and yet they both, one of the two being medical, prescribe that there should be no personal option as regards the medical prescription which demands the removal of people from their homes with a view to their confinement in hospital. It is true that some of the anti-vaccinationists regard the suggestion for compulsory removal to hospital as a "wicked absurdity," and they go on to suggest that unless the medical man who deprives the individual of his personal option can be practically infallible in his diagnosis it cannot even be regarded as within the range of debate that he should be allowed to insist on the alternative form of compulsion which the two dissentient Commissioners advocate. And these opponents to vaccination go on to say that at present medical ignorance is "hideous." They might well claim Dr. COLLINS and Mr. PICTON in support of their argument, for both these gentlemen again and again draw attention to the fact that outbreaks of small-pox have been brought about by the failure and inability to diagnose mild attacks of the disease. The Personal Rights Association, who have already claimed to intervene in this matter of the future law as to vaccination, hold that laws are to be regarded with suspicion if the democracy do not ask for them. We are not aware that the democracy have as yet demanded the numberless interferences with the rights of individuals and with personal option which are enumerated by the dissentient Commissioners as desirable restrictions to be imposed upon the people whether in our ports or in their own homes; but we may well leave the disputants to settle this matter among themselves.

It is well, however, to look at this question of compulsory isolation as an alternative to compulsory vaccination in another light. As yet we have but few towns where there is any approach to conditions such as would be involved if vaccination were to be entirely optional. The majority of the poorer classes, who, alas, are also the least educated, would, under such a system, remain unvaccinated, and we should then have unvaccinated communities to deal with rather than communities such as Gloucester and Leicester, where by far the majority of the population were vaccinated.

The dissentient Commissioners would require sufficient hospital accommodation for the sick, and sufficient quarantine stations for the still larger number of persons of all classes who had been exposed to the infection of small-pox in houses from which the patients had been removed. Viewed by the experience of Gloucester, which has for years past maintained a hospital for infectious diseases including small-pox, let us try to imagine on what scale this provision as to hospitals and quarantine stations would have to be maintained to serve an unvaccinated population which was not one-fourth, but at least half, of the total population. It may be said with truth that the Gloucester Hospital was badly designed, unattractive, and ill-administered, and that the terrible events which occurred within its walls were largely due to this cause. But this does not tell all, for the story of the epidemic goes to show that scattered and unrecognised cases were largely operative in bringing about a sudden outburst of small-pox amongst unvaccinated school-children, such as no hospital accommodation which could reasonably be demanded of any community could possibly cope with. Then, again, dozens, if not hundreds, of parents, would everywhere object to their children being taken to any hospital, and we would ask how "prompt removal" is under these circumstances to be carried out. The dissentients refer to the "adventitious aid of the police"; but we would ask who but the police could force children out of the homes of unwilling parents, and how would the spread of small-pox be prevented whilst the preliminary magisterial and other police measures for the enforcement of such removal were being carried out? The difficulties of controlling small-pox amongst a population a minority of whom remain unvaccinated are already all but insuperable, and we should have to face a chaos of obstruction if the methods which the dissentients advocate were carried out.

There is an utter absence of any evidence to show how in a country where there is a semblance of individual liberty some of the more drastic recommendations included in the dissentient memorandum could be carried out if these were the main public health provisions on which the State relied. With a population of whom a large number were unvaccinated the result would simply mean disaster.

WE have in previous articles considered what the General Medical Council can and cannot do under the various Acts because it is, in our opinion, idle for the profession to send to the Council as their representatives men pledged to carry through reforms in matters with which the Council has not at present power to deal—and some of which, in the opinion of many people, it would be advisable that the Council should neglect even if they and their developments could be shown to fall within its jurisdiction. The delicate task of considering the individual claims of the ten candidates for the suffrages of the profession must be entered upon, but before discussing these it will be well to lay down a few general propositions on the soundness of which all will agree. Inasmuch, then, as the whole profession in England has only three representatives whom it can elect upon the General Medical Council some geographical distribution of the seats would be fair. The representation conceded to the profession directly is absolutely inadequate, but we have for the present to make the best of a bad job and to see that such as it is it is stretched to its furthest possibilities. Therefore we conceive that it would be a great pity if three provincial men were elected, and an equally great pity if three London men were elected. Secondly, it is so highly desirable that the selected candidates should be engaged in general practice, that only the recollection of the position of Mr. RIVINGTON prevents us from regarding this qualification as one that cannot be dispensed with. If the candidates are not themselves so engaged there must be no doubt whatever that in a very direct manner they can speak in behalf of the interests of a large number of persons who are. The third requisite which every candidate should possess is a proper realisation of what a programme of sensible and enlightened reform means. It does not mean idle vapourings. It does not mean the insisting in strident tones upon the removal of everything that appears undesirable without being ready with a sensible proposal to take the place of what has been removed. It does not mean the neglect of the interests of the universities and corporations because these bodies have been generously dealt with—more generously than is fair to the mass of the profession. But it does mean a comprehension of what members of the profession really want and a knowledge of the directest methods towards obtaining the same for them.

No reformer would desire to limit the powers of the Council to those which it at present enjoys. Still less would he consider that the interpretation placed by the Council upon the Acts under which it holds its sway is necessarily correct or conclusive. But here comes in the personal element of the various candidates. All may know what the profession desires—and the election addresses of several candidates have a remarkable similarity of aim—but some certainly have not the vaguest knowledge how to act. The general practitioner who is really likely to prove of value in a deliberative assembly where the interests of the corporations and universities are represented by a party numerically tenfold as strong as his own must not rant or bluster. He must be resolute and must, on all occasions, reiterate the message of the profession; but he will look to persuasion to gain him his object to some extent. Prepared for disappointment he must hope to inspire in the breasts of his fellow councillors respect and a little of that admiration which is always conceded in a British assembly to the weaker side. It would be of no use for the three direct representatives individually or together to shout that they had been commissioned by the profession to see that no order of midwives was created, that the Council should for the future be elected by a manhood and womanhood suffrage of the profession, and so on and so on. To do so would be to make themselves and the voters who had sent them to the Council ridiculous. Reform lies not that way, and we warn our readers seriously against mistaking the man of noise for the man of performance.

There are ten candidates at present before the profession, Dr. F. H. ALDERSON (London), Mr. GEORGE BROWN (London), Dr. DIVER (Kenley), Dr. T. M. DOLAN (Halifax), Dr. LOVELL DRAGE (Hatfield), Dr. J. G. GLOVER (London), Mr. G. JACKSON (Plymouth), Dr. RENTOUL (Liverpool), Mr. RIVINGTON (London), and Dr. WOODCOCK (Manchester).

The election addresses of all these gentlemen will be found in our columns; those of Dr. GLOVER, Dr. DRAGE, and Dr. WOODCOCK in our issue of July 11th, page 131; those of Dr. RENTOUL and Mr. GEORGE BROWN, July 18th, page 210; that of Dr. ALDERSON, July 25th, page 266; that of Dr. JACKSON, Oct. 3rd, page 972; that of Mr. RIVINGTON, Oct. 10th, page 1032; and those of Dr. DIVER and Dr. DOLAN in to-day's issue. We advise our readers to observe in these addresses what is promised by each candidate, and then to estimate two things—firstly, the proportion of the promises that could be kept by the candidate upon his election to the General Medical Council as at present constituted; and, secondly, the probability that is revealed by his attitude towards the Council that his words will be listened to and his opinion valued. We have fulfilled the task we set to others and trust that no one will find us officious if we take upon ourselves the duty of a committee of selection with a complete sense of the responsibility so incurred. As a result we recommend to the suffrages of the profession the names of Dr. GLOVER, Dr. WOODCOCK, and Dr. DRAGE. Mr. RIVINGTON'S claims are many and strong, but they do not to our thinking counterbalance the disability that he is not a general practitioner. But in confiding their interests to the care of three of these four gentlemen the profession will find themselves represented by men pledged to reform, tried in practice, sober in promise, and thorough-going in action.

A PERUSAL of the report of our Special Correspondent at the Fourth International Congress of Criminal Anthropology,[1] which was held in August in Geneva, cannot fail to bring to the minds of most of our readers a conviction that "criminal anthropology," if it is ever to earn the right to be called a science, must, as a preliminary, have its scope placed upon more exact lines than those indicated by the topics upon the agenda paper of the Congress. The human being has his physical characteristics and he has his mental characteristics. His conduct as a member of the social community in which he happens to be placed must of necessity be based, firstly, as regards himself, upon the physical and mental characteristics and qualities which go to make up his individuality, and, secondly, as regards society, upon the manifold and varying group of circumstances involved in what is termed his environment and upon the morality, optional or obligatory, prescribed by the rules of the particular social community. The laws of a country define its crimes and introduce the idea of punishment for certain acts. The result is "the criminal," and it is for the personal and social analysis of this individual that so much interesting work has been done by Dr. LOMBROSO and other inquirers.

The crucial test of the existence of a criminal anthropology was put to Dr. LOMBROSO by Professor DALLEMAGNE when, during the Congress, he asked whether the former "still maintained that there exists an anatomical type outside which there is no criminal and which suffices of itself alone to characterise the criminal." This interrogatory raised a highly animated debate, and our Special Correspondent goes on to say that "the arguments on either side were ingeniously and effectively put, but neither side was able to claim the victory, not even a compromise being arrived at." Until this question is conclusively answered in the affirmative, the claim of "criminal anthropology" to take rank as a science must be allowed to go by default. We ourselves are very doubtful how far this entity called "the criminal" can ever be reduced to anything like an exclusive or distinctive type by any grouping of the physical characteristics in individual cases. It is all very well to make selections from among the inmates of a prison and discover "criminal" resemblances, forgetful that similar resemblances are to be found among those upon whom prison gates have never been shut and who are not criminal. We have yet much to learn before we can ask the public to believe in the "born" or the "instinctive" criminal. We would be glad to see the criminal anthropologist who would deny the existence within himself of that potential criminality which, under special circumstances, may drive the best of us in our weaker moments to become actual criminals. The term "criminal anthropology" is a very taking phrase for writers, and one of the chief obstacles to the substantial construction, at present, of such an anthropology is the great liberty and latitude which writers take in the matter of subjects dealt with under that designation. The subject, for instance, of "digital imprints," however valuable in relation to the identification of individual criminals must be regarded as useless for the purpose of establishing a distinctive type of individual to be called "the criminal." But even more fatal than this is the fact that while investigators and writers on the subject give much attention to physical and mental characteristics in the individual, they so very frequently fail to give consideration to the influence of circumstance and motive in leading up to the commission of criminal acts.

While there can be no doubt that good work was done at the Congress we are anxious to warn our readers not to be misled into taking the shadow for the substance in this matter and not to allow themselves to wander away from the regions of common sense and everyday experience in search of an anthropology which, in the first place, can deal with only a limited few of the illustrations of a supposed common type, and which, in the second place, pleads for the recognition by the State as a science of a condition which is defined as "a bio-psychological personality, unable to tolerate present states of social existence, yielding to the impulses of a nervous system degenerate through physiological or physical hardship or unhinged by fanaticism or monoideism." We are glad to see that signs were not wanting at the Congress of an anxiety to come to some conclusion in the essential matter of the practical dealing with criminals, habitual or otherwise, and in this relation we think the study of international methods may be of immense advantage from a social standpoint. This country has not committed itself to the acceptance of criminal anthropology, but it sent to the Congress a very capable and experienced representative in Major ARTHUR GRIFFITHS, one of the Home Office Inspectors of prisons, and we look forward with interest to his report upon the Congress and its work, which will, we understand, be published at an early date.

[1] THE LANCET, Aug. 29th and Sept. 12th, 19th, and 26th, 1896.

Annotations.

"Ne quid nimis."

THE QUALITY OF THE LONDON WATER-SUPPLY.

WE notice with satisfaction that the London County Council at their meeting on Tuesday last agreed to the recommendation of the Water Committee that their chemists be instructed to make three examinations weekly of the water-supply of each company for a period of six months. We do not think that the revelations of the recent analytical report of the County Council's chemists with which we dealt in a leading article last week should be allowed to rest, for it seems to us that if these results and conclusions are true—that is to say, that the methods of filtration are untrustworthy, and allow impurities of danger to the public health to pass into the mains—then the Council have established a stronger case than ever for going to new fields for the supply of water to the metropolis. The recommendation was not agreed to, however, without some discussion and dissent, based chiefly on the score of extravagance and the fact that already they had the reports of Dr. Frankland every month, than whom, Sir John Lubbock urged, they could get no better authority. As Major Probyn said, however, it might be equally true to say, on the same line of argument, that independent analytical control of the quality of the illuminating gas supplied to London were unnecessary. Mr. Dibdin's method of minutely examining the suspended matter of water has led to some very important deductions, and we are glad that the County Council have decided that these investigations should be continued. In the meantime, it is probable that the water companies' chemists will adopt this method. It is, at any rate, desirable that they should do so, in which case it will be interesting to see whether any change will be made in the columns headed "appearance" and "matters in suspension" respectively, in which hitherto under the former we have read the word "clear" and under the latter the word "none" almost without exception.

THE MEDICAL SERVICE AT ST. PAUL'S.

A CORRESPONDENT writes:—"The spectacle at the evensong inaugurated by the Guild of St. Luke was one that can never be effaced from the memory of those who were privileged to be present at the great metropolitan cathedral on Oct. 22nd. As a pageant, the long procession of surpliced clergy and choir, the civic retinue, followed by the doctors and other graduates in their academic robes, accompanied by the solemn musical strains, instrumental and vocal, was one seldom witnessed in our rather undemonstrative and prosaic country. The whole tone of the service was calm and devout. The arrangements were excellently planned and executed. It was no easy matter to marshal such a procession and to place so many persons quietly in their places without a single halt or hitch. The service was heartily rendered and seriously joined in by all. The Bishop of Stepney delivered his sermon *extempore* and was lucid and impressively eloquent in urging a plea for true and personal religion as a necessary and perfectly compatible basis for all scientific pursuits, and he referred feelingly to the influence brought to bear upon himself in his younger days at Cambridge by the words and wisdom of the late Sir George Paget and Sir George Humphry, whose characters and lives bore witness to the lessons he sought to enforce upon his hearers. In reviewing this service, inaugurated by the Guild of St. Luke on its thirty-second anniversary, we may take note of it as an epoch-making occasion in the history of medicine in this country. It is certain that in no other country but England could such a scene have been enacted. The Roman Church, with all its pageantry and ceremonial splendour, could nowhere gather in such a representation of men devoted to science and practical medicine. She has no hold on such men and little wherewith to win their intellects or their rational submission. The width and robust fearlessness of the great Anglican branch of the Catholic Church is probably of all others the best calculated to win the intelligent adhesion of the mass of thoughtful and hard-headed men who were brought together on this memorable occasion. Such an assembly under such auspices augurs well, we think, for the profession of medicine in England, and is pregnant with the significance which it manifests thus openly that our art is bound up with a basic, though simple, faith in the great doctrines of a pure Christianity, a faith of which we, at least in these days, when faith and doctrines are seething in the crucibles of agnosticism or of indifference, as a body are not ashamed. As the preacher remarked, had the late eminent and regretted Primate been in his place that night, as was originally intended, and facing that remarkable assemblage, he would have been stirred with delight and have taken it as a happy augury of good things to come for the Church and for the country. The reproach cast upon physicians more than two centuries ago—ubi tres medici, ibi duo athei—never rightly directed, as we believe, was merely the expression evoked from the Church when its theology was narrow and its clergy timid in the face of the more robust search for truth on the part of physicians, who were compelled to break away from the bonds which the Church would then have imposed upon them. We live now in better times. The Church has been aroused to take her place and has become the handmaid, and ceased to be the foe, of science; is now, indeed, its *alma mater;* and so the two great professions go forth before the world to help humanity in its sorest needs both of soul and body, and to apply the best factors of modern civilisation. This good work it is, we believe, the desire of the Guild of St. Luke to promote and encourage. Founded by medical High Churchmen, but belonging now to no narrow party in the Church, but working with all, it seeks to foster this alliance and to bring together for good purpose those amongst us who are serious and prudent and willing to utilise their powers and opportunities in this direction."

THE PETROLEUM LAMP ACCIDENTS QUESTION

WE have already expressed our opinion that the number of fatalities arising from petroleum lamp accidents would be largely minimised, if not altogether reduced to *nil*, by the adoption of safe lamps. This conclusion was not only based upon the experiments described in THE LANCET Commission on Dangerous Paraffin Lamps, published in THE LANCET of Jan. 4th this year, but also upon the evidence of experience. When an accident occurs it invariably proves to have been due to a lamp of the decidedly "cheap and nasty" order. This receives strong support from the fact that the majority, if not all, of the fatalities arising from lamp accidents have occurred in the dwellings of the poor. And in spite of the fact that the use of lamps by the middle classes has of late years enormously increased there is practically no record of serious accidents in these cases. Surely we are bound to accept this as certain evidence that the defect rests with the lamp rather than with the oil, which is supplied to the rich and poor alike of exactly the same quality. To judge, however, from the arguments of those who lay the blame upon the oil and the nefarious doings of a certain Oil Trust in America we should expect the mortality from this cause to be nothing less than that at the time of the plague. Take, for example, the arguments addressed in a letter to the editor of the *Chemical*

Trade Journal, a copy of which we have received in circular form, entitled "An American View of the Petroleum Question." That we should allow our market "to be made the dumping-ground for refuse" is something this correspondent says that he utter fails to comprehend. So should we if this were true, but there is such a thing as a Petroleum Act to regulate the sale and storage of oil in this country. In spite of this fact this correspondent goes on to observe that this refuse oil is "as explosive in a hot room or on a hot day as dynamite." For the same reasons we may well marvel again that the English race has not by this time been decimated. The fact is that the subject is written about by those who have not the smallest acquaintance or experience of its practical side and whose only interest in the matter is probably a commercial one. We wonder how many of them have experimented with lamps and tested them for themselves under all conditions both in regard to oil and lamp. We fear a very few. However, in spite of this communication, we feel well assured that a commercial commodity, which is as "explosive in a hot room or on a hot day as dynamite," is not indiscriminately distributed for consumption amongst us, with the dire possibilities that would attend such criminal neglect on the part of our authorities. We can only describe such statements as "shrieking nonsense." At the same time we do not overlook the serious importance of the subject of fatalities due to lamp accidents, and we are not without hope that the real remedy will before very long be found.

THE PLAGUE IN INDIA.

THE Anglo-Indian papers are naturally full of information regarding the nature and progress of the pestilence that has recently appeared at Bombay. Some cases of the same disease have also occurred at Ahmedabad and Calcutta. M. Haffkine, on behalf of the Government of India, and Mr. Hankin, from the Government of the North-Western Provinces, had arrived in Bombay, and we shall soon learn the result of their bacteriological researches. Although the disease is, in its clinical features and fatality, apparently identical with bubonic plague, doubts are still entertained by some persons as to its being really identical with the terrible epidemic pestilence which has from time to time devastated various countries and of which historians and novelists have left us such graphic descriptions. Different views are entertained as to the origin and causes of the disease at Bombay. Some ascribe it to the introduction, through the agency of personal intercourse, tainted clothes, bedding, or merchandise, of a specific germ into a soil prepared for its growth and development by the presence of filth, overcrowding, bad drainage, and ventilation; whilst some consider the epidemic is much more likely to be attributable to the use of poisoned grain than anything else. The outbreaks in Bombay are of a curiously circumscribed character, which looks as if local rather than personal causes were the main influential factors. The disease does not seem to be rapidly spread by its contagious or infective properties through the agency of human intercourse in the manner which all writers about the plague believed and described; it has not extended in widening circles from the affected districts to others in their vicinity, and the disease has not been seemingly contracted by the large number of men employed in the drainage operations and cleansing work of the affected districts. The greatest activity has prevailed in the cleansing and disinfection of houses, in the flushing of drains, the cleansing and disinfection of gullies and roads, and in the maintenance of surface cleanliness. It is very difficult to ascertain the exact number of cases that have arisen since the beginning of the epidemic or the total number of fatal cases that have occurred, because there is every reason to suppose that they have not all been returned under the name of bubonic fever. Of one thing we may be certain, that the nurseries, at any rate, of this, as of so many other epidemic diseases, are well known—viz., filth, defective drainage, water-logged and sewage-tainted soil, overcrowding, and foul air; these are the muck heaps ready to receive and propagate every epidemic disease-cause. Meanwhile, the presence of bubonic fever or plague at Bombay now being officially recognised it seems certain that quarantine restrictions will be imposed at the various ports visited by ships leaving India, and it is quite possible that the mails from India may have to be shipped at Karachi.

WHAT IS A NURSE'S UNIFORM?

THE Vestry of St. George's, Southwark, have lately appointed a lady sanitary inspector, and the Public Health Committee have recommended that her uniform be similar to that of a nurse. We are glad to see that some of the members present at the meeting of the vestry upon Oct. 20th objected to this, but the report was eventually adopted. Why an inspector should be dressed as a nurse we fail to see, and we hope Miss Elliott will refuse to wear a nurse's uniform, whatever that may be, for there are innumerable varieties of it. Surely ordinary costume with some small badge to mark her official capacity would be the most fitting form of dress, but the ways of vestries and other "boards" are as a rule singularly erratic.

ACTION OF POISONS ON NERVE CELLS.

IN a paper read recently before the annual meeting of German alienists Nissl described the changes in the nerve cells of both spinal cord and brain of the rabbit which occur after the administration of certain poisons. Arsenic, alcohol, lead, morphia, phosphorus, and strychnine were amongst those investigated. The method of administration was to give daily the maximum dose not immediately fatal until death occurred. The method of staining was with Nissl's alcoholic methylene blue, which differentiates the cells into a staining and a non-staining portion. Nissl emphasises the following points: (1) the possibility of thus analysing the changes; (2) the difference between the changes in the same cells with different poisons; (3) the different appearances in different cells with the same poison; and (4) the changes in the nucleus, consisting generally of a diminution in size, increased homogeneity, and more intense colouration. Arsenic causes a swelling and dissolution of both parts of the cells in the anterior cornua, whilst in the sympathetic system the changes consist of an alteration in the arrangement of the two substances, the details of the non-staining portion become indistinct, and the nuclei diminish in size. Alcohol does not affect all the spinal cells equally and in the early stages the changes are rather indefinite, a greater sharpness of contour being the most obvious. In the cerebrum the cells appear as mere shadows, both substances disappearing, whilst the nuclei are also altered. Lead, too, does not affect all the spinal cells equally; in certain cells there are destruction and disappearance of the staining portion with a degeneration of nuclei. In the brain the changes are similar to those produced by alcohol, but the non-staining portion takes more colour. Morphia causes a reversal of the colouring; the normally non-staining portion of the cell is coloured, the normally staining part is colourless. Strychnine produces a coarse, granular appearance, colouring of the non-staining portion, and more intense colouring in the staining part. Specimens from the human brain from cases of phosphorus poisoning and of enteric fever were also shown. The former caused in the early stages colouration of the non-staining portion with fading in the

other; finally neither portion stains. Enteric fever also causes a change whereby the non-staining part becomes coloured but is streaky instead of being homogeneous; the other portion is degenerated. It remains to be seen whether the method will be applicable in cases of acute poisoning to detect which poison has been administered, and perhaps it may help to settle such questions as whether lead affects the cells or nerves primarily, or whether the changes in tabes dorsalis and pernicious anæmia may not be—at any rate partially—attributable to mercury and arsenic respectively.

STREET NOISES.

BRIGHTON has recently supplied a very wholesome object-lesson in the suppression of street musicians,[1] and the Hove authorities have taken up the matter of newspaper vendors, perhaps not so serious an evil as the incessant "Army" services, but nevertheless an inveterate nuisance. Four newspaper hawkers were proceeded against, a private individual being the complainant in one case and the police the prosecutors in the others. The vendors had been cautioned, but shouted the louder, saying that they did not believe that they could be interfered with. An inclusive penalty of 9s. each and a caution was the result.

HOLDING INQUESTS IN PUBLIC-HOUSES.

WE are glad to see that the Local Government Board have applied to the London County Council for information respecting the holding of inquests in public-houses, asking "whether there is any likelihood of a special building for the holding of inquests being erected in every parish." In reply the clerk to the Council has forwarded a letter, under date of Oct. 23rd, in which he points out that Section 92 of the Public Health (London) Act, 1891, requires the Council to provide proper accommodation for the holding of inquests either by agreement with the sanitary authority or otherwise. In thirteen of the sanitary districts of which London consists special coroners' courts have been provided, in ten districts special courts are being erected or have been arranged for, in seventeen districts suitable public buildings are used for holding inquests, and only three small portions of districts remain without suitable provision. In these last mentioned active measures are being taken, but although exceptional difficulties have been experienced the Council hopes to complete the work in the course of next year. We have pleasure in congratulating the Council upon its good work, and we only hope that the "suitable buildings" mentioned include mortuaries. In this connexion we may mention that the Limehouse Board of Works have opened a set of buildings comprising a mortuary, a post-mortem room, a coroner's court, a room and apparatus for disinfecting or destroying infected articles, and rooms for persons whose homes are undergoing disinfection.

PAUPER CHILDREN.

THE important subject of the best means of dealing with pauper children receives considerable attention in the recently published report of the Howard Association. The problem is, indeed, one both of magnitude and urgency, for according to a statement made in Parliament last August there are in England and Wales more than 40,000 such children, whose maintenance makes heavy demands on the taxpayer, accompanied with the certainty that the burden will be increased if means cannot be found for converting these hapless beings into useful and self-supporting members of society. Although no artificial substitute can adequately replace parental care, the committee of the Howard Association is strongly of opinion that the most promising solution of the difficulty is presented by a carefully supervised boarding-out system under the management of boards of guardians and the Local Government Board. Considerable misgivings were, therefore, felt by the committee when it appeared that the Education Bill introduced by the Government in the last session of Parliament contained a clause which proposed to hand over all pauper children to a central education board, the main ground of objection to this course being that the permanent principles affecting the increase or decrease of pauperism were far more likely to be kept in view by a body like the Local Government Board, specially conversant with Poor-law systems, than by another body appointed to deal with questions of general education apart from their economic bearings. The Bill was, however, abandoned, and the matter therefore remains in abeyance for the resent. In connexion with this subject the Association further recommends that a special children's department of the Local Government Board should be established, that the functions of the existing Education Department as to pauper children should be strictly limited to the inspection as distinguished from the general management and maintenance of the children, and that every union should have its boarding-out committee, on which, as also in each board of guardians, there should be some ladies.

[1] THE LANCET, Oct. 17th, 1896.

ANTI-CHOLERAIC INOCULATIONS.

WE directed our readers' attention in THE LANCET of Aug. 8th to a very interesting and instructive report by Dr. W. J. Simpson, the health officer of Calcutta, on the results of two years' anti-choleraic inoculations in India. Dr. Simpson had adduced in that report a considerable amount of evidence in proof of the protective nature of the inoculations introduced by M. Haffkine. While the advocates of anti-choleraic inoculations cannot claim that anything like complete protection against that disease has so far been attained, they have certainly afforded sufficient evidence of their apparent efficacy in this direction to warrant them in desiring that the system begun by M. Haffkine should be further tried. We ventured at the same time to point out some of the difficulties attending an experimental investigation of this nature, and referred to some of the obstacles that had to be overcome in the practical application of these inoculations to an enormous population like that of India. Dr. Simpson's report has since been discussed at a municipal meeting in Calcutta, and we have now before us the speech of Brigade-Surgeon-Lieutenant-Colonel R. C. Sanders of the Indian Medical Service and Dr. Simpson's reply thereto. Brigade-Surgeon-Lieutenant-Colonel Sanders has not only impeached the accuracy of the anti-choleraic statistics of the report, but has adversely reviewed the subject of anti-choleraic inoculation in an amusing and critical vein. Dr. Simpson seems to us, however, to have given a very straight forward and effective reply to these strictures. After correcting a few insignificant inaccuracies into which he had fallen in his report Dr. Simpson proceeds to review Brigade-Surgeon-Lieutenant-Colonel Sanders' allegations in regard to the statistical evidence, with the object of showing that the report which he (Dr. Simpson) had submitted in July last is exact in all its details except as regards a few corrected mistakes, which are of a trifling kind and have, in reality, no bearing on the case. Dr. Simpson adds that the work of anti-choleraic inoculation has now been carried out for three and a half years with an immense amount of labour on the part of its original promoters, that a large number of medical officers and others have coöperated in that work, and that the results which have been attained in India have been accepted by, and have influenced the views and recommendations of, European investigators, and that it is therefore evident that the facts should be established beyond all possible doubt

otherwise the labour of several years and of many workers will be unjustly invalidated. Under these circumstances, and quite confident no doubt of the accuracy of the statements that have been published by the Medical Department of the Calcutta Health Office, he requests that the subject may be submitted to the investigation of an independent commission specially appointed for the purpose. For our own part we make no doubt, seeing that Dr. Simpson has been at great pains to verify all the details he has published, that he will have no difficulty in successfully indicating their accuracy before a commission, should one be appointed.

PURE BEER.

WE were under the impression that the proceedings of the Pure Beer Bill Committee were to be held *in camerâ*, at any rate as far as regards the press. We learn, however, from the *Times* that some important evidence has already been given by several representatives of the brewing industry. Their arguments against the use of English barley may possibly be practical, but they do not appear to be scientific. For example, why beer made from English malt only would be deficient in the brightening and keeping qualities which are said to be imparted by foreign malt and malt substitutes we are at a loss to explain or understand. Surely there was a time in the history of this nation when foreign malt did not enter in the slightest degree into the composition of English beer. We quite believe that the average beer used in this country in the public-house is less intoxicating than formerly and is on that account probably more wholesome, but cannot beer of the same quality and character be produced from English malt without resort to substitutes or to the foreign article? Our acquaintance with the brewing processes may not be technical, but, on the face of it, it is difficult to understand why foreign malt should appear to possess such superior qualities for beer-making. The argument appears to be that English barley is too rich for the purpose and therefore maize and rice are used in conjunction with it to dilute, so to speak, the over-generous qualities of the English barley, so that if maize and rice were excluded the brewers would have to buy more foreign barley or malt made from foreign barley. Is it impossible, then, to supply a weaker wort from English malt? We hope that an ample explanation will be offered on these points in the evidence to be given by expert brewers' chemists. It is interesting to add that so far as the evidence has gone the opinion appears to be that substitutes for hops were not used, although it is probable that this may be so only when the price of hops is low, as it has been during the past two or three years.

HEALTH OF THE POST-OFFICE EMPLOYÉS.

THE British Post Office is so occult and mysterious in its workings, and the method of its officials so inextricably entangled in red tape, that we had little hope of seeing any reform in the preparation of the statistics pertaining to the health of the employés of the department. It is agreeably surprising, therefore, to note that the Postmaster-General's forty-second report shows a marked improvement in this respect, and it would seem that there is yet hope that the absurd conglomeration of figures which did duty for vital statistics, and against which we have on more than one occasion protested, may be made scientifically useful. Mr. C. H. Garland very pertinently, in the *Telegraph Chronicle*, points to the importance which the report attaches to such a thrilling item as, for instance, the "account showing the fluctuations in the consumption of telegraph stores" and hopes that continuous criticism and agitation may lead to almost the same importance being given to the "health of the staff." But why *almost?* Surely the health of the staff should be the paramount consideration with the powers that be if the department is to be kept working at its highest efficiency. If the recommendation "to collect and publish periodically statistical information relating to postal employés, which shall be easily accessible and readily comparable with the statistical information now collected and tabulated by the Board of Trade, the Registrar-General, and other public departments," which was passed at the Exeter Conference this year, were carried out not a little good might result. We refrain from criticising the present figures in detail in the hope that the present report is an earnest of what the department intends to do in the future.

THE DINNER OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE Fellows of the Royal Medical and Chirurgical Society dined together at the Hôtel Cecil on Wednesday evening last, Dr. Dickinson, the President, being in the chair. There was a fairly full and representative attendance, but the spacious room and lengthy tables would have accommodated a much larger company—facts which gave an appearance of sparseness to the gathering. Dr. Dickinson was happy in his wording of the loyal toasts, and Mr. Hutchinson proposed prosperity to the society, now in its ninety-first year, in suitable terms. Dr. James Pollock and Dr. Wilks also spoke, the latter making a witty and characteristic speech. The guests did not disperse until past eleven o'clock.

COUNTRY HOLIDAYS FOR CHILDREN.

AMONG the many charitable movements in London none is more deserving of support than that which seeks to give the children of our poorer districts a holiday in the country. Apart from the sanitary and educational benefits which these holidays confer upon the children individually, the gain to the community as a whole must eventually be considerable if by the movement a healthier and stronger generation is raised, and there can be no doubt that this result must follow, provided the holidays are properly organised and conducted. Unfortunately, however, either from bias or lack of knowledge, the organisation of children's country holiday funds stands in great need of improvement. More than one society often work in the same district, with the result that the operations of the societies overlap and many children get sent away for a second and perhaps a third time; while, on the other hand, many deserving children get no holiday at all. Such a state of things might be considerably improved if the various funds coöperated more in their work. With this object in view a special meeting of the Charity Organisation Society was recently held at which the following resolution was passed: "That it is desirable that a small representative committee be formed to consider and report in what manner 'overlapping' between those engaged in country holiday work can best be avoided without undue expenditure of time and labour, and whether the work generally should or can be carried on with greater uniformity and method." If the object of the resolution is attained the confidence of the public in these funds will be increased, and we doubt not that the benevolent will give with a more liberal hand.

TETANUS ANTITOXIN.

OUR Berlin correspondent writes:—"In the *Deutsche Medicinische Wochenschrift* Professor Behring informs the profession that the Hoechst factory, which also produces the diphtheria antitoxin, is authorised to sell the new tetanus antitoxin. The production will be placed under State control in the Government laboratory directed by Professor Ehrlich,

each bottle bearing the official stamp. The remedy is to be issued in two forms: 1. In dry preparation, 1 gramme containing 100 normal units. The bottles will hold 5 grammes (= 500 units) which must be dissolved for use in 45 grammes of water. This dose is sufficient to treat tetanus in men as well as in horses. Intravenous injections are of a prompter action than subcutaneous. The surgical treatment is, however, not to be neglected. 2. A solution of antitoxin, 1 c.c. of which contains 5 normal units. It will be issued in bottles of 5 c.c., and from 0·5 to 5·0 of this fluid are to be injected when the outbreak of tetanus is expected. The dose will depend upon the time which has elapsed since the injury. For prophylactic purposes—for instance, before the performance of castration in animals—0·2 gramme sufficient. To avoid putrefaction a small quantity of carbolic acid has been added to each bottle of the remedy. The dry preparation, which remains sterile in well-closed bottles, contains no antiseptic. Dr. Behring points out that the doses may perhaps become modified after clinical experience. It will especially be the task of veterinary medicine to determine the right doses. The price of each bottle is 30 marks (£1 10*s.*)."

"DR." FERDINAND.

UPON Wednesday evening Mr. Braxton Hicks concluded his inquiry into the circumstances attending the death of Sophia Halliday, who had been attended by the quack, Ferdinand, "M.D. U.S.A." The jury found that the deceased died from cancer, and added as a rider:

"We agree that John Ferdinand's treatment of the deceased was of a bad and reckless nature, but we do not consider the evidence sufficient to prove him guilty of manslaughter. The jury, in regretfully recording this verdict, desire to earnestly direct the attention of the authorities to the impunity with which persons of apparently no education or medical skill can, by means of extensive advertising, promise cures of incurable diseases and thus defraud the working classes, who have no facilities for investigating their qualifications, of large sums of money, and probably in some cases hasten death; and the jury recommend most strongly that there should be some legislation giving the police power to interfere with such practices. The jury desire to add an appeal to the coroner to direct the attention of the police to the wilful perjury which John Ferdinand has committed in this court, and it is the jury's opinion that he has been guilty of obtaining money under false pretences."

Ferdinand was thereupon at once arrested for perjury. We earnestly hope that the recommendation of the jury will be acted upon by the authorities and that the whole tribe of swindlers who advertise their lies so extensively will be brought to book. Whether done in public prints or through the medium of Her Majesty's Post Office any such touting, often couched in grossly indecent forms, ought to be sternly suppressed.

A TRAGEDY IN BAVARIA.

GREAT interest has been taken in the trial of a man at Munich for the murder of three women whom he is supposed to have killed by suffocation. The case was a complicated one, but, in spite of skilful defence, such a mass of evidence was brought together that the man has been condemned and sentenced to death. There were some points raised during the trial which are specially interesting from a medico-legal point of view. Many witnesses were called who stated that they had seen the prisoner on various occasions and also that he had attempted to gain an entry into some of their houses for the purpose of robbing them. The prisoner denied that he had ever been seen by many of these people, and evidence was adduced on behalf of the defendant to show that these witnesses had "suggestionised" themselves. Counsel asked if it were not the case that in sensational affairs which excited public feeling very much individuals even of normal disposition might "suggestionise" themselves in respect to events they believed they had seen, and whether, through unusual association of ideas, mental images might not become confused. This idea was much pressed in the case of one witness whose testimony was very adverse to the prisoner, but the medical opinion was given that the witness in question was not a man likely to "suggestionise" himself, and that either he was telling the truth or lying in a downright manner. This seems to us a very sensible conclusion to have come to. People of a hysterical nature and others with unstable minds do, no doubt, imagine many things when they have been excited by some sensational crime; but surely in most cases such pure imagination should readily break down under a rigid examination. That people of normal mental equilibrium are in the habit of making themselves believe they have seen a man whom they have never known or met we cannot believe, and were such a principle to be accepted it would lead on and on till we might finally find that the victim had not really been murdered at all, but that the witnesses only imagined it!

THE ADMINISTRATION OF OATHS IN LAW COURTS.

THE autumn assizes will soon be held in England and Wales, and the time is opportune for again calling attention to the subject of adjuration in our courts of law. It is nearly eight years since the Oaths Act, 1888, received the Queen's assent and so became law. By that Act everyone taking an oath, whether as juror, witness, interpreter, bailiff, or under whatever circumstances, was relieved from the necessity of kissing a book. Many persons, mostly medical witnesses, have availed themselves of this privilege, notwithstanding which the practice of kissing the book continues to be the rule, the uplifted right hand the exception. One would have expected that this more cleanly and less risky mode of taking the oath would have been readily adopted by those who might have been expected to welcome such a change—the gentlemen composing the grand juries at assizes. But it is not so. An innate dislike to change, an indisposition to give or take any trouble which may be avoided, an attitude of what our French neighbours would call "laisser faire"—all these combine to make the average Englishman continue to swear on the book, however much he may deprecate the practice. Long before the Act of 1888 was passed we condemned the practice in our pages as uncleanly and as a possible and not improbable mode of infection with disease; we have continued to do this and to advocate the uplifted right hand as free from the objections which must always attach to a book frequently and indiscriminately used. But we are not oblivious to the fact that the Scotch oath, as it is called, possesses other advantages. It is much more solemn, each person taking it repeating the form, and so making the oath his own. It may be taken by any one who believes in God without any reference to his religion.

SPARKLING WINES.

AN interesting and important case concerning the artificial aeration of wines was recently the subject of an Inland Revenue prosecution. It appears that the defendant in the case had imported still wines (claret) from Bordeaux, upon which the usual duty of 1*s.* had probably been paid. He, however, proceeded to aerate the wines to render them sparkling, with the result, as the decision proved, of defrauding—although it was pleaded that it was done in ignorance—the Inland Revenue of duty equal to 2*s.* per gallon. This method of evading the requirements of the Inland Revenue is decidedly ingenious, but, apart from that important point of view, it would operate unjustly against those merchants who import sparkling wines for which they must pay a duty of 3*s.* per gallon. The artificial aeration of wines is not, however, prohibited. On the contrary, there are very definite Customs regulations drawn up in regard to this process. It must be done in a warehouse

and under the supervision of an officer, and twenty-four hours' notice is required when any such operation is intended and the ingredients necessary for such operation must be previously submitted for approval. Wines thus rendered sparkling and bottled in bond are regarded as sparkling wines and liable to the same duty as imported sparkling wines. The bottles containing this wine must each bear a label with the name or the description of the wine as well as the words, "Made sparkling in the United Kingdom," and the corks must be branded with a similarly plain intimation. This last provision is an excellent one, and obviously intended to prevent the public from being imposed upon with sparkling wines that are not naturally so. It is possible that there are differences of some importance from the dietetic point of view in sparkling wines in which, on the one hand, the gas is generated in the liquid by the action of the yeast plant, and those, on the other hand, into which gas obtained chemically is subsequently forced, but we are not aware that any definite evidence has been obtained on this point. It is satisfactory, however, to find that our Revenue regulations are fairly stringent in this matter, as otherwise the introduction of cheap, nasty, and unnatural champagnes and other sparkling wines would probably go on to an appalling and, likely enough, detrimental extent.

THE SUN YAT SEN INCIDENT.

THE satisfactory conclusion of the so-called Chinese kidnapping case by the release of Sun Yat Sen following the prompt and decided action of the Marquis of Salisbury terminates a strange incident. There is no need to enter into any detailed history of a subject which occupied the attention of so many people last week, for the facts have been already fully set forth in the daily press. It was a very fortunate coincidence for Sun Yat Sen that he happened to have studied from 1887 until he qualified at the College of Medicine at Hong-Kong, of which Mr. James Cantlie was the dean and a professor, and that at the time of Sun Yat Sen's visit to London Mr. Cantlie happened to have been in this country, otherwise his late Chinese pupil might have now been on his way to China with a very disagreeable prospect in front of him. Mr. Cantlie having received information that Sun was a prisoner at the Chinese Legation, and that he was in a few days to be sent to China, where he would certainly lose his head, at once took such steps as showed, by his adroit management of the matter, that he (Mr. Cantlie) had not "lost his head" on receipt of the strange news. Aided by the advice of Dr. Manson, who had been previously a Dean of the Medical College at Hong-Kong, Mr. Cantlie set to work with characteristic energy and skill to make himself personally acquainted with all the facts, and it reflects great credit on him and Dr. Manson that the subject was soon carried to a successful issue. Apart from all contentious matter as to whether Sun had been begged, borrowed, or stolen, or how he had obtained admission into the Chinese Legation, there he was, forcibly detained as a prisoner on the assumption that he was a Chinese, that the Legation was theoretically Chinese soil, that Sun was wanted in China, and that the Legation had a right to do what it liked with its own. When the readers of the *Globe*, which was instrumental in first bringing the strange story to light, learned that Sun Yat Sen had been kidnapped and was imprisoned at the Chinese Legation, they were probably somewhat amused and incredulous; but it was no amusing matter for the unfortunate Sun. Moreover, all sorts of abstract legal questions were started, but Lord Salisbury's action soon solved the Chinese puzzle by a peremptory demand to the Chinese Minister, and the embassy captive was forthwith released. Sir Halliday Macartney, Councillor of the Chinese Legation, was once Dr. Macartney and an army medical officer, and the actors playing prominent parts in the story are all, as it happens, members of the medical profession; but the political principle involved was a big one, affecting international law, the Foreign Office, and the protection of the rights of people while on British soil. We can only suppose that the Government at Pekin had issued peremptory orders to Sir Halliday Macartney in the matter.

THE HEALTH OF SIR WILLIAM MACCORMAC.

SIR WILLIAM MACCORMAC'S condition during the past week has not shown so much improvement as might be expected after the favourable report of last week. Strength is returning very slowly, the remaining pulmonary trouble subsides very gradually, and the temperature has not yet become quite normal. Considering, however, the severity and nature of the illness we cannot feel surprised that recovery should be tardy, and are satisfied to know that some real progress is being made.

THE SALE OF POISONS.

AN important case was tried at Bow County-court upon Oct. 27th before Judge French. Robert Potton, a seaman, was summoned by the Council of the Pharmaceutical Society for that he, not being a registered chemist, did sell a packet of "Hammond's remedy for killing vermin." It was mentioned by Mr. Grey, who prosecuted, that the vermin-killer on being analysed was found to contain arsenic enough to poison 150 people. A number of children had been poisoned lately in the neighbourhood by rat poison containing arsenic, and it was difficult to find where it came from. The following conversation then ensued:—

Judge French (to defendant): What do you say—are you a chemist?—Defendant: I ain't no chemist. I'm a working man. I am the branch secretary of the union. Mr. Gibbs, who makes this rat cake, used to have offices at the union building. A lot of letters came for him and I gave them to him to oblige. One day a gentleman I thought was the manager of large works called. He said he wanted 2*s.* worth of the poison. I asked Mr. Gibbs for it. He called again, gave me 2*s.*, and I gave up the money to Mr. Gibbs.

Judge French: Did you have any of the 2*s.*?—Defendant: Not a penny.

Judge French: How do you make him liable?—Mr. Grey: The Act says we must go for the person who actually sells it.

Judge French: Why not go for the man Gibbs? He is really the guilty person. If you had made proper inquiries, surely you would not have gone against this poor man?—Mr. Grey: The Act does not allow us.

Judge French: Then it is a bad Act. It is your own Act; the sooner you get it amended the better.

Judge French finally made an order for the full penalty, £5, to be paid at the rate of 1*s.* per month. Of course, Mr. Potton had no right to sell the poison, but neither, we imagine, has Mr. Gibbs, and the incident is only one more argument for the alteration of the Act. At any oil-shop vermin- and weed-killers containing arsenic, strychnine, and phosphorus can be easily obtained, to say nothing of the fact that carbolic acid, the corrosive mineral acids, and other deleterious preparations can be also procured without let or hindrance. If the Act is to have any real use it must be made far more stringent. If not it is useless for the Pharmaceutical Society to institute such prosecutions. The keeping of a poisons book by registered druggists is a good rule, but even that is easily evaded.

CHANGES IN THE PUPIL IN THE INSANE.

AT the recent meeting of German alienists at Heidelberg Dr. Soemerling contributed an important paper on this subject. He attaches little importance to a difference in the size of the pupils, as the pupils are not uncommonly unequal in those who are in perfect health. The loss of reaction to light, on the other hand, he regards as of the utmost importance and significance, and of all conditions of the pupil in the insane it is the most frequent and the most important. In 3010 cases of progressive paralysis it was found to be present in 68 per cent., and it forms an early symptom in this disease, and may exist as an isolated one for so long as

ten years without having other symptoms added to it. It is nearly always bilateral, although the two pupils are not always equally affected and the shape of the pupil may be round, oval, or irregular. The sudden and quick dilatation of the pupils is sometimes present in general paralysis, but this occurs also in the healthy and is probably without much significance. Hippus is rare in paralysis. Except in general paralysis the loss of light reflex in the pupil is uncommon. Among 9160 insane this symptom was present in 1639 cases, and of these 1524, or 92 per cent., were cases of general paralysis. In syphilis also this condition of the pupil is sometimes found without evidence of any other morbid condition. Its occurrence after injuries to the head alone is very doubtful, and it probably does not occur in simple and uncomplicated hysteria. In short, he regards the loss of light reflex as a symptom of weighty import and grave significance. If it is not a precursor of tabes dorsalis or general paralysis it at least indicates a profound disturbance of the nervous system, and it may be present long before any other morbid phenomenon manifests itself. A few other unimportant variations in the pupil in connexion with epileptic and other attacks are referred to, and, in conclusion, the question is raised as to the position of the central mechanism on which the pupillary reaction to light depends. No definite group of cells can as yet be indicated as the centre for this reflex.

AT a meeting of the managers of the Metropolitan Asylums Board held on Oct. 24th it was moved by Dr. William R. Smith, seconded by Mr. R. M. Hensley, chairman of the General Purposes Committee, and resolved: "That it be referred to the General Purposes Committee to consider whether arrangements can be made by which any surplus antitoxic serum from time to time in the hands of the Laboratories Committee of the Royal Colleges of Physicians and Surgeons may be supplied through the managers to the medical officers of health for the use of the medical attendant in the treatment of such cases of diphtheria as may desire it and as cannot be taken immediately into the hospitals of the Board, and that the General Purposes Committee be empowered to take such action in the matter as they may consider expedient."

A COMMITTEE of friends, old fellow-students, and former pupils of Sir W. MacCormac has been formed, under the chairmanship of the Marquis of Dufferin, to have Sir William MacCormac's portrait painted for presentation to Queen's College, Belfast, where he was educated. The honorary secretary is Mr. J. Andrew Strahan, 3, Brick-court, Temple.

H.R.H. THE PRINCESS OF WALES has sent a donation of £20 in aid of the extension and improvement fund of Queen Charlotte's Lying-in Hospital, Marylebone-road, of which she is a vice-patron.

WE regret to inform our readers that Dr. George Harley, F.R.S., died suddenly on Tuesday last. An extended obituary notice will be published in our columns.

THE council of King's College, London, have appointed Dr. Crawford Hayes Professor of Practical Obstetrics.

LITERARY INTELLIGENCE.—Messrs. Archibald Constable and Co. have secured the entire copyright in the English language of Dr. Nansen's forthcoming work on his expedition to the North Pole. The same firm announces the appearance of "Problems of Modern Democracy," essays by Edwin Lawrence Godkin, editor of *The Nation*, the leading literary and political paper of America.

THE REPORT OF THE ROYAL COMMISSION ON VACCINATION.

(*Continued from p. 1019.*)

THE PROPOSALS OF DR. W. J. COLLINS AND MR. J. A. PICTON.

CONTINUING our discussion of the legislative and administrative aspects of the subject it seems convenient now to refer to the proposals of Dr. Collins and Mr. Picton.

We were about to add that these two members of the Commission might be looked on as representatives of anti-vaccination, but it is necessary to be careful of phrases here, as it is held by the anti-vaccination party that they had no representatives on the Commission. Confining ourselves strictly to historical fact, therefore, it will suffice to say that Dr. Collins was, previously to his appointment on the Commission, a Vice-President of the London Society for the Abolition of Compulsory Vaccination, and that Mr. Picton, who was M.P. for Leicester, gave notice of a resolution in the House of Commons in 1887 for repeal of the compulsory clauses of the Vaccination Acts, while as to vaccination itself he wrote in the *Contemporary Review*, in January, 1889, that he was "rapidly approaching the conclusion" that "vaccination is of no use."

Section 273 of the "Statement by Dr. Collins and Mr. Picton of the Grounds of their Dissent from the Commission's Report" is as follows: "In accordance with the sub-head No. 2 of the reference to the Commission we would suggest the following as the means other than vaccination which should be employed for protection of a community from small-pox. 1. Prompt notification of any illness suspected to be small-pox. Improved instruction in the diagnosis of small-pox. 2. A hospital suitably isolated of adequate accommodation in permanent readiness and capable of extension if required. No other disease to be treated at the same time in the same place. 3. A vigilant sanitary staff ready to deal promptly with first cases and if necessary to make a house-to-house inspection. The medical officer of health to receive such remuneration as to render him independent of private practice. 4. Prompt removal to hospital by special ambulance of all cases which cannot be properly isolated at home. Telephonic communication between health office and hospital. 5. Destruction of infected clothing and bedding, and thorough disinfection of room or house immediately after removal of the patient. 6. Daily observation (including, where possible, taking the temperature and inspection for rash) of all persons who have been in close contact with the patient during his illness; such supervision to be carried out either in quarantine stations (away from the hospital) or at their own homes. 7. Closure of schools on the occasion of the occurrence of small-pox among the scholars or teachers. 8. Hospitals and quarantine stations to be comfortable and attractive, and so administered as to secure the confidence of the public. Hospital treatment to be free to all classes and compensation to be paid to those detained or otherwise inconvenienced in the public interest at the public expense. 9. Tramps entering casual wards to be medically inspected, their clothing to be disinfected, and bath provided. The measures for detection and isolation of small-pox in common lodging-houses suggested in section 507 of the Report to be carried out. 10. International notification of the presence of small-pox, and special vigilance at seaports in communication with infected places, after the plan adopted in the case of cholera. 11. Attention to general sanitation, prevention of overcrowding, abundant water-supply, and frequent removal of refuse."

Needless to say, medical men everywhere are agreed that there is great value in diagnostic skill, in prompt notification of small-pox, in proper hospital accommodation, in adequacy and efficiency of a sanitary staff, in prompt removal to hospital, in disinfection or destruction of infected articles, and so on all through these recommendations. The Commission itself makes similar recommendations as to hospital provision, and the details set forth by Dr. Collins and his colleague as to disinfection, &c., belong to the very alphabet of public health administration. They are not only true; they are truistic. In some respects it is anything but easy to ascertain exactly the position of the two dissentients on important points. They nowhere state in so many words that they advocate compulsion in removal to hospital. In

Section 274, speaking of vaccination, it would appear that they object to compulsion root and branch. They there say: "We see no sufficient reason for withdrawing this particular medical prescription from the personal option which attaches to all other medical prescriptions or surgical operations; we do not think that medical authority or advice is likely to gain in confidence or respect by the adventitious aid of the police," and, in short, they "consider the legal enforcement of vaccination as inexpedient and unjust." Passing by the very wide generalisation which classifies vaccinations as surgical operations (and public vaccinators as operating surgeons), we revert to the fourth recommendation in the above list and we italicise the important word: "Prompt removal to hospital by special ambulance of *all* cases which cannot be properly isolated at home." What can this mean but compulsion pure and simple? Making every allowance for cases which can be properly isolated at home, and not waiting even to discuss how many or few or how non-existent (excepting where the home itself is isolated) such cases may be, and making every allowance for a class not even mentioned by Dr. Collins—namely, those who, whether willing or unwilling, and whether in crowded tenements or country mansions, are unfit for removal—making all such allowances, how are "*all* cases which cannot be properly isolated at home" to be removed to hospital? It matters not for our query whether the refusals to go to hospital amount to 50 in 100 or 10 in 100 or 1 in 100. The 50 or the 10 or the 1 must be included in the *all* for whom the course is to be "prompt removal to hospital." What, then, is the nature of this compulsion—for compulsion it obviously is? The two dissentients deal at great length with the history of isolation. They tell us how Mead early in the last century advocated isolation, and how, later Rast, Faust, Cappel, and Haygarth—all medical men—took up the crusade in favour of isolation, how Sir James Y. Simpson in 1868 recalled attention to the subject, and everyone knows how heartily at the present time the medical profession approves of, and urges, the isolation in hospital of small-pox and other infectious diseases. It is true that so recently as 1878 two writers, one a layman and the other a medical man, declared that small-pox "is one of the least contagious of diseases," and that part of "the true policy ..... is to let each case lie where it falls." The layman, however, was the secretary of the antivaccination society, and the medical man was one of its vice-presidents, so that such an opinion does not count as showing that the medical profession disbelieves in hospital isolation of small-pox. Indeed, such isolation is a "medical prescription." Yet Dr. Collins is one of the two who propose "the withdrawing of this particular medical prescription" from "personal option," and who urge that, in the absence of proper isolation, "all cases" should be removed to hospital. How, again, are such cases to be removed if they refuse? If not "by the adventitious agency of the police" then surely by some other equivalent agency. In addition, when Dr. Collins advises that "compensation be paid to those detained or otherwise inconvenienced in the public interest, at the public expense," is he not laying himself open to a charge of desiring to use improper influences in inducing people to yield to the "particular medical prescription" which he himself favours?

It is not, however, Dr. Collins's consistency or inconsistency which is of primary importance here. The Commission has, wisely as we think, advised that the principle of compulsion, as applied to vaccination, should be dropped during the next five years. They urge that compulsory vaccination creates so-called martyrs and that opposition is thereby fomented. Even if we suppose—and it would be a wild supposition—that compulsory isolation could of itself successfully combat small-pox, would we not, in placing our dependence on such a system and in endeavouring to establish and enforce it rigidly and universally, be simply fostering a new opposition and bringing into existence a new race of martyrs? The journal of the anti-vaccinationists has no hesitation whatever on the subject. In a recent issue it is stated: "From our point of view one thing stands out clear as day. In the face of facts like these a system of compulsory removal of the sick to hospital becomes neither more nor less than a wicked absurdity. Dropping for the moment and for argument's sake what we never would consent to drop out of the practical discussion of such a question—the rights of personal liberty involved—it yet remains obvious to common sense that the act of medical diagnosis must approach very closely to infallibility before a proposal to entrust medical men with powers to compel the removal of patients to 'infectious' hospitals can be regarded as within the range of debate"; and it goes on to ask its readers "to see how hideous is the ignorance at whose mercy such a proposal, if adopted, would put our lives and the lives of our nearest and dearest."

It is evident, indeed, that the cry of anti-compulsion would simply be transferred from vaccination to isolation, and the crusade would proceed on the old lines. We should have heartrending descriptions of compulsory removals, of the forcing of little children from the arms of weeping mothers, of medical carelessness and cruelty in hospital, of injury and death through removal or treatment, and we should have parental refusal elevated into heroism, and the infliction of penalties into a just claim to the glories of martyrdom.

As regards the comparative merits of isolation and vaccination Dr. Collins and Mr. Picton make one assertion to which it is necessary to call attention here. Section 298 is as follows: "Now the principle of securing the protection of a community from small-pox by the artificial production of a mild disease (whether it be inoculation or vaccination) is based upon the thoroughness of the procedure in two directions—(1) in applying the inoculatory process to *every* individual, and (2) in securing to each individual operated upon the maximum of protection the process is capable of securing." There is surely another side to this question.

It is perfectly evident, as here stated, that vaccination affords direct protection only to the individuals vaccinated. The same remark applies also to re-vaccination. At the same time it is to be remembered that in a community in which any proportion of the inhabitants are protected against small-pox by vaccination and re-vaccination the unvaccinated have the indirect advantage that the number of individuals among them who may be attacked by small-pox, and who may therefore spread and propagate the disease, is correspondingly reduced. In a community of 20,000, of whom 19,000 are protected by vaccination and, in the case of adults, by re-vaccination, the remaining 1000—the unvaccinated—receive indirectly a large amount of protection. So far as concerns opportunity of infection from person to person the risk is reduced twentyfold, and in this respect the thousand individuals, though living in a town, may be regarded, *re* opportunity of infection, as living in a rural district, where the density of population is only a twentieth of that of the town. Let it be granted, however, that the great benefit of vaccination and re-vaccination is the individual protection which they confer. Then what follows? No matter though small-pox spread throughout a community, those who have been wise enough to avail themselves of all the protection that vaccination can afford are in a position to defy the disease. It is of no consequence to them personally whether at the beginning of an outbreak medical advice has been at once called in; whether early cases have been diagnosed or not; whether the cases which have been diagnosed have been promptly notified or not; and whether the cases which have been both diagnosed and notified have been promptly removed to hospital or not. True, the vaccinated individual may suffer in his business and his pocket by interference with trade and by special taxation, as in Gloucester; but individually the existence of small-pox in his community is a matter of indifference to him, and if his family are similarly protected he has with regard to them similar assurance. Contrast this now with systematic endeavour to prevent small-pox by means of isolation as a substitute for vaccination. Here, indeed, it at once becomes necessary that the preventive system must be applied with regard to every case of the disease which may occur. The risk of error in diagnosis is a very serious risk, so also is the risk of delay in notification, and so also is the risk of non-removal to hospital. Instead of having the personal safety which vaccination confers, all these risks have to be run alike by those at whose door default lies and by those who are entirely blameless. A man in a community where the communal feeling of responsibility is strong, and who himself is willing for the general good to give information at once of the occurrence of small-pox in his own family and to submit to the removal of his children from the care of their natural guardians into the charge of paid professional nurses, has yet no protection against the carelessness or intentional concealment or obstinacy of other individuals in his community. By the fault of a single anti-compulsionist or of a

single careless or indifferent parent a whole community may be devastated in its endeavour to protect itself against small-pox by isolation instead of by vaccination. With regard to the latter prophylaxis how different the case is. Here, as we have already noted, the man who is conscientious, not in objecting to vaccination, but in procuring vaccination, loses nothing through the default of his neighbours and need have no personal anxiety as to whether small-pox is being revealed or concealed. In this matter, therefore, the advantage is wholly with vaccination, and the individual can rely with confidence on his own individual action instead of requiring to trust to the precarious improbability of every inhabitant of his town or city being equally alive to the necessity for guarding against small-pox, equally observant of its earliest appearances, equally willing and able to call in a medical man wholly competent to distinguish between the earlier appearances of small-pox and chicken-pox, and equally ready to give up himself and his children to municipal instead of domestic control and nursing.

The fact is that removal to hospital is an admirable adjunct to vaccination, but can never become a substitute for it. With universal vaccination and re-vaccination small-pox hospitals would simply not be required; with general vaccination and re-vaccination small hospitals would be ample, and with vaccination all around, little harm would result from leaving at home an occasional case of small-pox where the parents might be obstinate; but with vaccination at so low an ebb as in Leicester, or as it was until recently in Gloucester, there would be no safety against devastating epidemics, removal to hospital of cases without proper home isolation would have to be universal, and even under such a system there would be constant risk of the disease getting a footing owing to absence of medical attendance, or errors in diagnosis, or intentional concealment by parents with conscientious objections to removal to hospital. The Commission is with regard to hospital isolation, well aware that it can be no substitute for vaccination. Sections 502 and 503 of the Report are as follows: "The question we are now discussing must, of course, be argued on the hypothesis that vaccination affords protection against small pox. Who can possibly say that if the disease once entered a town, the population of which was entirely, or almost entirely, unprotected, it would not spread with a rapidity of which we have in recent times had no experience? Or who can foretell what call might then be made on hospital accommodation if all those attacked by the disease were to be isolated? *A priori* reasoning on such a question is of little or no value. We can see nothing, then, to warrant the conclusion that in this country vaccination might safely be abandoned and replaced by a system of isolation. If such a change were made in our method of dealing with small-pox, and that which had been substituted for vaccination proved ineffectual to prevent the spread of the disease (it is not suggested that it could diminish its severity in those attacked), it is impossible to contemplate the consequences without dismay. To avoid misunderstanding it may be well to repeat that we are very far from underrating the value of a system of isolation. We have already dwelt on its importance. But what it can accomplish as an auxiliary to vaccination is one thing; whether it can be relied on in its stead is quite another thing."

This brings us to one of the most important of the recommendations contained in the statement by Dr. Collins and Mr. Picton. Already we have noted how difficult it is to ascertain their exact opinions on some essential points. It is true that much of their statement constitutes a running comment or criticism on the Report of the Commission (in the preparation of which they themselves had some share), and that, indeed, they act the part of *advocatus diaboli* regarding the worth of vaccination. They string together in a very interesting way statements, and quotations, and opinions, and statistics, and hypotheses, apparently in a greater or less degree adverse to vaccination, and they object in part or *in toto* to the validity of a good deal that has been alleged on its behalf. But they do not always express their adherence even to the statements and hypotheses which are worked into their criticisms. In short, it is to be very clearly understood that nowhere do they themselves express a disbelief in vaccination as a power against small-pox. They speak of it as "a defence at best uncertain," and they hold that sanitation and isolation are "more effective," and they would abolish compulsion "even if vaccination were a more effective and trustworthy prophylactic than we hold it to be," and so forth.

All this, however, gives little guidance as to what Dr. Collins and Mr. Picton really think of vaccination, and they refrain from stating *how* "effective and trustworthy" they believe it to be. Now, in endeavouring to divine their opinions we attach most importance to the recommendations which they make regarding the future of vaccination itself. They do not propose to remove the vaccination laws from the statute book. They do not even propose to abolish the vaccination officer or the post of public vaccinator. All the machinery at present in existence is to remain in existence and compulsion alone is to be done away with. Here is how they put the matter in Section 301: "We, therefore, recommend that the law be amended by the repeal of the compulsory clauses of the Vaccination Acts. But in consideration of the prevalent belief in the value of vaccination as a prophylactic for an indefinite period we suggest that in other respects the law should be left as it is, subject, however, to such recommendations as are recommended for the diminution of attendant risks. ..... The effect of our recommendations if adopted would be that vaccination would continue to be provided as at present for those who desire to avail themselves of it, but efforts to secure vaccination would be limited to moral influence—in a word, the whole country would be in the position of those unions in which the guardians have abandoned compulsion." The reason here given, almost parenthetically, for continuance of all the machinery of State vaccination is an absurdly inadequate one. "Consideration of the prevalent belief in the value of vaccination" will simply not suffice in accounting for the proposal. If a Radical politician like Mr. Picton believed that all the money at present expended under the vaccination laws, an amount which is the subject of constant declamation by anti-vaccinationists in Leicester and elsewhere, was being spent simply in giving longer life to what Dr. Creighton has called a "grotesque superstition," we cannot for one moment suppose that his sense of public duty would permit him to make any such recommendation. If, moreover, Dr. Collins and Mr. Picton believed that any measurable or considerable risk would continue to attach to the vaccinal operation, risk, say, of results from calf lymph indistinguishable from the results of syphilis, risk of skin diseases, of deterioration of health, of ulcers and abscesses, and of fatal erysipelas and so forth, it is impossible to conceive that merely on the ground of "prevalent belief" in an operation not in itself very useful, and, at the same time, foully dangerous they would recommend its continued sanction and propagation by the State. The fact is that the student of the "Grounds of Dissent" is led to the conclusion that the dissentients have a very large amount of faith in vaccination, and a very wholesome fear of small-pox in the absence of vaccination, even with all the measures of control other than vaccination which they so elaborately recommend. What is in their minds when they state that under their scheme "the whole country would be in the position of those unions of which the guardians have abolished compulsion"? Are they thinking of Leicester and of what happened there with regard, for example, to the nurses in the small-pox hospital, where all but six accepted re-vaccination, and where of the six who refused re-vaccination five were attacked by small-pox and one died? Are they thinking of what would have happened had all the other nurses been equally foolhardy, and had successive relays of unprotected women been requisitioned every succeeding fortnight to nurse those who in their turn had fallen victims to the disease in their endeavours to make an unvaccinated cordon round the ever widening circle of patients and attendants already attacked? Or are they thinking of Gloucester as a union in which the guardians abandoned compulsion and in which, when small-pox came, all the machinery of vaccination being in existence, such a rush for Jennerian protection took place that the town is now one of the best vaccinated in the kingdom? Our own conclusion is that Dr. Collins and Mr. Picton are not blind to the hopelessness of effectually controlling small-pox by means of the isolation which they advocate, and that, looking to the awful results which would arise from the neglect of vaccination, they have been forced to the recommendation that everything of vaccination excepting legal compulsion shall remain as before, so that when the scourge comes to any community there shall be compulsion towards vaccination, not by law, but by small-pox itself. Taking vaccination as including re-vaccination we doubt if

Dr. Collins, after hearing full evidence, would now look on its protective power as "a *very* doubtful success," this being his language before the Abernethian Society in 1882. We doubt also whether Mr. Picton, who in 1889 was "rapidly approaching the conclusion" that vaccination is useless, does not now find himself a very long way from any such conclusion. At the same time we fully recognise the genuineness of their anxiety that isolation should be brought more and more into use so as, if possible, to avert to some degree the results which will naturally follow from that neglect of vaccination for which the organised propaganda of anti-vaccinationists (including anti-compulsionists) is so largely responsible. It can be no lighter reason which has made Dr. Collins so completely turn his back on the views which he expressed in 1887. At the annual meeting of the Personal Rights Association in that year he spoke thus: "Whence does the medical legislation proceed? Does it proceed from the wish of the people? ..... Have there been any meetings held to maintain or to ask for compulsory vaccination, the compulsory notification of infectious diseases, or the formation of a medical asylums board? If not, if the democracy do not ask for these laws, I submit that they are to be regarded with suspicion. They proceed from two sources—from the party of paternal legislation, those busybodies who are ever being earwigged by another party, the so-called scientific experts. The scientific expert is a peculiar phenomenon. He is a man with a narrow mind, a shallow head, and he is remarkably implacable. If there is one man more than another upon whom the Personal Rights Association should keep its eye it is the scientific expert." Now, however, looking forward to the coming danger, Dr. Collins no longer objects to compulsory notification; he insists on it. He no longer objects to a hospitals board; he insists that every community should have a suitable hospital "in permanent readiness and capable of extension if required." Not only so, but compulsory vaccination being made impossible, the lecturer to the Personal Rights Association recommends that the future measures for the prevention of small-pox shall include the prompt removal to hospital of *all* cases which cannot be isolated at home.

Such is our reading of the Grounds of Dissent of Dr. Collins and Mr. Picton.

ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL.

DR. T. M. DOLAN'S ADDRESS.

To the Registered Medical Practitioners of England and Wales.

GENTLEMEN,—At the first election to the General Medical Council (1886) I had the honour of receiving 3063 votes, and I contested the seat at that time to maintain the views I then and still hold, that Direct Representation was intended and secured for the purpose of placing on the Medical Council general practitioners, the interests of universities and colleges being amply provided for by the able consultants on the Council. I have been asked by a number of influential men in the profession to again offer myself as a candidate, and have decided to do so. For the special educational work of the Council I have some qualifications, which I trust may entitle me to your support; but as the Council is something more than an educational and degree-registering body there are a vast number of questions affecting the interests of the body of the profession upon which the experience of a practitioner of twenty-five years' standing could not fail to prove useful.

I have taken an active part in most of the movements which have taken place to advance the interests of the profession. I was one of the pioneers in introducing medical defence, in supporting our medical sick and benefit society, and have persistently worked to advance the interests of the 4000 practitioners who are in the Poor-law medical service.

My views on the four questions submitted to me by the Incorporated Medical Practitioners' Association are:—

1. I am in favour of the reform of the Medical Acts.

2. I have opposed the Midwives Bills as introduced in the House of Commons, and shall oppose all proposals to register midwives as independent practitioners.

3. I would support any motion condemning the holding of appointments under Medical Aid Associations which make a profit out of their medical officers.

4. I am in favour of an increase of direct representatives.

Should you honour me by electing me you may rely on my independence, and, as far as one voice and vote can go, both will be used in the interests of the profession.

My name will be known to many, but for those unfamiliar with it who desire to learn, as it were, my life-history I subscribe myself as I am described in the Medical Directory,

Your obedient servant,

THOMAS M. DOLAN,

M.D. Durh. 1883; L.R.C.P. Edin. 1866; F.R.C.S. Edin. 1879, L. 1866; L.S.A. Lond. 1866; Fell. Obst., Gynæcolog., and Med. Socs. Lond.; Fell. Med. Inst. Valencia (Prize 1883); Mem. Brit. Med. Assoc.; Vice-Presid. Ninth International Med. Congress, 1887; Vice-Chairman Med Sick and Benefit Soc.; Med. Off. St. Luke's Hospital; Surg. Female Refuge, and Shibden Indust. Sch.; Surg.-Lieut.-Col. V.D. 1st Vol. Batt. Duke of Wellington's W.R. Regt.

Author of "The Nature and Treatment of Rabies, or Hydrophobia," 1878; "Treatment of Whooping-cough" (Fothergill Gold Medal), 1881; "Life Assurance" (£100 prize essay), 1881; "Sewer Gas, its Physiological and Pathological Effects on Animals and Plants" (Boylston Prize, Harvard Univ.), 1882; various pamphlets, leaders, reviews, and translations to papers, literary and scientific; Editor, "The Scalpel."

Horton House, Halifax, July, 1896.

DR. E. DIVER'S ADDRESS.

To the Registered Medical Practitioners of England and Wales.

I BEG leave to place my name before the medical practitioners of England as a candidate for the honour of representing them in one of the present vacancies in the General Medical Council. In justification of my candidature I respectfully refer them to the following facts.

I have been in general practice for thirty-three years. I have been a Poor-law medical officer and public vaccinator during about thirty-two years of that time and a medical officer of health for many years. It will not, therefore, be considered egotistical if I say that I have had the most varied experience of general practice and that I know something of the wants of those who engage in that division of professional work. I am well aware that I am later in my candidature than others, but not too late for the suffrages of those gentlemen who are free from pledges to one or other of the candidates already in the field. I therefore now beg to state my opinions on the four chief matters which occupy prominently the professional mind.

I am of opinion that the General Medical Council should be enlarged to admit altogether a maximum of about ten direct representatives—say, four or five for England, two or three for Scotland, and the like number for Ireland. This would make the entire number about thirty-five, instead of thirty as at present.

As to whether the Council shall invoke the law by prosecuting unqualified persons who practise medicine or surgery for gain, this I think is a question for consideration thus:—First, whether it is better, having regard to the dignity of the profession it represents, for the Council to do this work itself, or whether it shall give its assent to some external machinery, which shall take the necessary measures in its stead. And if the answer be given in the negative in both cases, then the Council should seek the assistance of the Legislature to arrange, amongst other things, for bringing the law into action by the Public Prosecutor or some other legal functionary acting under its direction or with its cognisance.

As to the defence of individual members of the profession who may be prosecuted upon serious charges implying professional dishonour, I think it is advisable for a committee of, say, three of the Council to consider the leading features of the individual case. Then, if a unanimous opinion be entertained favourable to the aggrieved practitioner, the stamp of the Council's authority should be given to the defence, and, if necessary, such a sum of money voted as the case itself may appear to warrant, and the Council's exchequer to justify, for the purposes of that defence. But generally, though certainly not in every case, I am of opinion that the independent societies now becoming popular amongst us will probably be found the best organisations for actually dealing with these cases, even though a grant from the General Medical Council be bestowed in certain special instances.

As to the "medical aid" societies which, upon commercial principles, make a profit out of the skill of the medical officer, I am strongly of opinion, now that the full influence of these societies is known, that every discouragement should be given to them consistent with the canons of professional etiquette and of justice.

The "midwife" should have her case decided by the

General Medical Council alone. A suitable woman for confinements is often most useful; but the Council alone should determine her training and should alone arrange the machinery for testing her fitness. Besides this, it should draw the boundary within which she may act without medical oversight or assistance.

Finally, I think the Council at the commencement of each quinquennial period should make a statement of the incidents of import in the recent record of professional life, in its official and in its non-official existence respectively, and the general bearing of those incidents upon the common weal. In the former category I would, of course, include those gentlemen who hold Her Majesty's Commission and those others who occupy local public offices, and in the latter that great and invaluable body of men who are travelling along the well-trodden and often difficult road of private practice.

One sentence more, and that one for myself. I have just relinquished the laborious work of general work in the country, and so have more time to help my professional brethren, on whose behalf, if I be elected, it will be my pleasure to exert all the influence I may possess.

E. DIVER, M.D. St. And., M.R.C.S. Eng.

Kenley, Surrey, Oct. 27th, 1896.

MR. RIVINGTON'S ELECTION COMMITTEE.

A MEETING of Mr. Rivington's executive committee was held at 95, Wimpole-street, W., on Oct. 23rd, Mr. T. Holmes being in the chair. The following letter from Mr. Rivington was ordered to be entered on the minutes:—

"95, Wimpole-street, Oct. 22nd, 1896.

"MY DEAR HOLMES,—Whilst I fully appreciate the generosity and public spirit of my committee I am no less interested in the principles for which we are contending. I trust, therefore, that in addition to my personal expenses I may be permitted to contribute to the expenditure incurred by the committee. I feel that the platform is one of more than ordinary value, going further towards securing tangible results than any yet devised in the cause of professional reform, and that to be associated with its success and with the original movers will constitute a lasting distinction.—I am, yours very sincerely,

"WALTER RIVINGTON.

"T. Holmes, Esq., Chairman of the Election Committee."

Communications were read from the following gentlemen consenting to join the general committee: Mr. G. D. Pollock, Dr. J. Ward Cousins, Dr. Thos. Morton, Dr. C. Steele (Clifton), Dr. C. M. Chadwick (Leeds), Mr. E. H. Carter (Chelmsford), Mr. F. J. Reilly, and Mr. W. A. Berridge (Redhill).

The appeal of the committee to the electors was approved and adopted for publication in the medical papers, and was directed to be printed with Mr. Rivington's address. It was resolved to invite accessions to the general committee and to send the appeal and Mr. Rivington's address to the branches of the British Medical Association and to certain other societies, and to ask them to bring them before their members for the consideration of the principles involved.

To the Registered Medical Practitioners of England and Wales.

GENTLEMEN,—We very earnestly ask your attention to the principles on which Mr. Rivington has been invited by the Association of Fellows and the Society of Members of the Royal College of Surgeons of England to come forward as a candidate for a seat on the General Medical Council.

These principles are:—

1. That every representative of a licensing body on the General Medical Council should effectively represent, not merely the Governing Council of that body, but the interests of its Graduates, Licentiates, Fellows, or Members. The whole Council would thus be brought into touch with the profession, for every representative of a corporation would be a direct or indirect representative of a section of the profession.

2. That it is the duty of the General Medical Council to maintain the rights guaranteed to all medical practitioners under the Medical Acts.

These rights, if the decision in a recent case is allowed to stand, would be reduced to a vanishing point.

By his emphasis of these great principles and his lucid and convincing exposition of the midwives' question, as well as other matters, such as the one-portal system, which are of vital importance to practitioners, Mr. Rivington, in his election address,[1] conclusively demonstrates his fitness to represent the profession on the General Medical Council.

To Members of the Royal College of Surgeons of England, who, if united, can return three candidates at any general election, we especially appeal to unite on this occasion and to give their overwhelming influence in favour of a Member of the College who, with unwearied energy and tenacity of purpose, has used every advantage he possesses as a Fellow, even to the sacrifice of his collegiate interests, in order to support the just claims of the Members of the College, which are identical with the true interests of the institution.

In supporting Mr. Rivington the profession will obtain the invaluable services of one who has been an ardent advocate of medical reforms for thirty years, and who, from his distinguished professional position, will be able to press his opinions on the attention of the Council with great weight and authority:—opinions which he has always urged with a proper regard for the feelings and rightful interests of others.

There is one other consideration. One great obstacle to progress with which the profession has to contend is the aversion of the General Medical Council to perform its functions as a trustee of the rights of the profession, which it is its duty as a trustee to maintain and to enlarge to the fullest extent of the terms of the trust.

As the Council is now constituted, your Direct Representatives being in a minority of 5 to 25, it is impossible to overcome this difficulty except (*a*) by gaining over a considerable proportion of their colleagues on the Council, or (*b*) by so large an increase of direct representation or such a measure of redistribution of seats as could only be attained, if, indeed, they could be attained at all, by very great influence and many years of agitation. Whilst no opportunity should be lost to obtain more Direct Representatives the pursuit of the former policy is of immediate practical utility, but its successful establishment requires the active and combined influence of the constituencies of the corporations, and the presence on the Council of Direct Representatives of exceptional ability, tact, courtesy, experience, and personal weight. Such an exponent of this policy you would secure by the election of Mr. Rivington, who has taken so important a part in developing it; and in the interests of the whole profession we strongly appeal to you to return him at the ensuing election as the best representative of that policy whom you can elect or desire, and to give him colleagues qualified and pledged to uncompromisingly support the principles and policy of our platform. The return of the three best men must be supplemented after the election by the constant exertion of your united influence in obtaining for every measure essential to the welfare of our profession and the public, the adhesion of the corporations to which you respectively belong; by which methods only can we secure on the General Medical Council the reforms we have so long desired.—We are, Sirs, yours faithfully,

TIMOTHY HOLMES,
Chairman, Mr. Rivington's Election Committee.

ROBERT BARNES, M.D.,
JOSEPH SMITH,
J. WARD COUSINS, M.D.,
GEO. D. POLLOCK.
} Vice-Chairmen.

W. G. DICKINSON,
R. B. ANDERSON.
} Hon. Secs.

Oct. 27th, 1896.

A meeting will be held on Tuesday next, Nov. 3rd, at 4 P.M., at the rooms of the Medical Society of London, 11, Chandos-street, W.C., to hear and discuss the views of Mr. Rivington, and the best methods of advancing his candidature and maintaining the principles and policy he advocates. Mr. Timothy Holmes will take the chair.

W. G. DICKINSON,
R. B. ANDERSON,
} Hon. Secs.

THE CANDIDATURE OF DR. GLOVER, DR. WOODCOCK, AND DR. LOVELL DRAGE: MEETING AT HAMPSTEAD.

A meeting in support of the above-named gentlemen as candidates for the office of direct representatives in the General Medical Council was held on Oct. 21st, at the house of Dr. Ford Anderson, 41, Belsize-park, Hampstead. It was well attended. There were present:—Sir William Broadbent, Bart.; Dr. Ford Anderson; Dr. Ord Mackenzie,

[1] THE LANCET, Oct. 10th, 1896.

Inspector-General of Hospitals; Deputy-Surgeon-General Don, Dr. Urban Pritchard, Dr. Walford, Mr. Musgrave, Mr. Lockwood, Dr. Lovell Drage, Dr. Glover, Dr. Danford Thomas, Mr. Jessop, Mr. David Keele, Dr. Reid, Dr. Beaton, Dr. Pare, Dr. Winslow Hall, Dr. Purdie, Mr. A. P. Goullet, Dr. Woodcock, Dr. Sharman, Dr. Lewis Glover, Dr. Bakewell, Mr. Hepburn, Dr. Johnston, Dr. Westland, Dr. Dudley Buxton, Dr. Rainsford Gill, and Dr. J. W. Browne.

Many letters were received from practitioners unable to be present, but expressing in many cases sympathy with the object of the meeting.

Dr. FORD ANDERSON took the chair. He said the object of the meeting was to welcome Dr. Glover, Dr. Woodcock, and Dr. Lovell Drage as three candidates for the direct representation in the General Medical Council. Dr. Glover was well known to them all. He (Dr. Anderson) believed that between Berwick-on-Tweed and Land's End there was no medical practitioner whose name was better known than that of Dr. Glover. He had been twice elected to the Council; on the last election at the head of the poll. He had worked discreetly and effectively and had well earned the gratitude of the profession, despite the prominence of his position and the multitude of intelligent constituents looking on. He (Dr. Anderson) did not think he was wrong in saying that the breath of criticism had never been seriously raised against Dr. Glover's stewardship. Dr. Woodcock and Dr. Lovell Drage were new to the work, but their most honourable record, their active interest in medical politics, their integrity, their ability, and the soundness of their views had commended them to large and influential bodies of their professional brethren as worthy to occupy the positions just vacated by their former respected representatives, Mr. Wheelhouse and Sir Walter Foster. The election of these gentlemen would be fair in a geographical sense, giving two representatives to the country and one to London, and if elected they would do all that was possible to secure for general practitioners an increased vote on the Council. One point more. The candidates were all general practitioners and they understood the daily struggles and trials of that class from personal experience. It was said by some that there is hostility between consultants and general practitioners. He (Dr. Anderson) had seen no sign of this. Sir Andrew Clark was never tired of saying that the direct representatives should be general practitioners and he was most active in promoting Dr. Glover's election as a general practitioner. On the present occasion Sir William Broadbent and Mr. Lockwood were present following the line of action taken by Sir Andrew Clark. Mr. Victor Horsley did the same and had written regretting his inability to be there. He (Dr. Anderson) was glad to see a very representative audience present, and he had letters from many more who would have been there but for the medical guild service in St. Paul's. On calling upon the candidates to address the meeting he said it would be necessary to restrict them to ten minutes.

Dr. GLOVER said that the chief interest of such meetings was not so much in hearing the candidates as to learn the mind of the profession. The cause of direct representation was still in some danger. The principle was still in its infancy. It was initiated only by the Act of 1886 and had still many adversaries. One had only to look, in proof of this, to the case of the Royal College of Surgeons of England where the modest proposal to give the 16,000 Members five or six seats was stoutly resisted. He could not understand how men who conducted the ordinary surgery of the country, who supplied the main funds, who were gentlemen and educated men, educated under regulation of the Council, who held the same views as the Fellows as to the course of the femoral artery and the way of dealing with a hernia or a fracture, who had the same pride in their college, and who were withal so moderate in their demands—how such men could be refused a voice in the Council. And so with the General Medical Council. But the principle had been conceded and could not be rescinded. The law of 1886 even contemplated its extension. The principle was tested by such elections as the present, and if the profession used it rightly, elected its representatives with some approach to unanimity and harmony and showed a perception of the purpose of the Act, their representatives would be strong in the Council, and there would be a disposition on the part of the Council and the Legislature to extend the principle. Dr. Glover enumerated the various subjects affecting medical education and the purity of the Register, in which he had taken a somewhat active interest. On the subject of midwives or midwifery nurses—he did not care what name was given them—he had maintained consistently and persistently two principles. First, to stop the awful mischief of ignorant and wholly untrained women acting as midwives; and secondly, to avoid creating a class of semi-medical women under the name of highly-trained nurses, which would be hopelessly beyond the reach of poor women, and would simply compete with medical men for paying patients. He was strongly of opinion that an amendment of the penal clauses of the Medical Act was required.

Dr. WOODCOCK expressed a general agreement with the views of Dr. Glover. He thought that there was great need for a reform of the Medical Acts so as to procure a re-construction of the Council, increase of the numbers of direct representatives, and increased power over universities and corporations. Any apathy of the profession as to the election would be used as an argument by those who objected to direct representation. The standing orders of the Council were absurd, and give too much power to the president. Dr. Woodcock thought the Council should do much more with the powers it had, and it should ask the Privy Council or the Government for Legislation to give it more power.

Dr. LOVELL DRAGE said it seemed incredible that for their own sakes the bodies and the General Medical Council did not favour an increase in direct representation. He went somewhat fully into questions of medical education—the order of subjects, the age of qualification, &c., strongly insisting on the importance of keeping the period of the medical curriculum free for attention to strictly medical subjects—chemistry, botany, and physics should be included in a preliminary examination passed before the medical education began. Scientific, pathological, and clinical medicine should be studied side by side. The age of qualification, too, should be raised to twenty-three years. There should be no division in the profession and the corporations would find their interest and their strength in identifying themselves more and more with their members.

Sir WILLIAM BROADBENT thanked Dr. Ford Anderson for the invitation to attend the meeting; in the first place because it gave him the opportunity of expressing his respect and esteem for the body of general practitioners and his belief that there could exist no antagonism between their interests and those of consultants, and next because to him had been given the honour of proposing the following first resolution:—

"That this meeting desires to record its thanks to Dr. Glover for his faithful services as Direct Representative on the General Medical Council during two terms of five years each, and learns with pleasure that he is a candidate at the approaching election."

Although greatly interested in the election of Direct Representatives to the General Medical Council he had not intended to take any public part in it. He looked upon it as an election of general practitioners by general practitioners and he had proposed to stand aside and follow their guidance, as they best knew their own requirements. When, however, he was asked to support Dr. Glover as a candidate, he did so with great pleasure. He had known him for many years and when Direct Representation was instituted the first name which occurred to his mind was that of Dr. Glover. His upright character, his singleness of vision, his moderation and wisdom marked him out as a representative medical man. He had justified the anticipations which had been formed. He had throughout been one of the most dignified figures in the Council, and, as had been seen by the list of measures he had introduced and supported, one of the most sagacious and useful. He thought that at any meeting of medical men in any part of the kingdom Dr. Glover would be unanimously approved of as a candidate. If he might be allowed to go beyond the terms of the resolution he would express the hope that Dr. Woodcock and Dr. Lovell Drage might be returned as Dr. Glover's colleagues. The fact that they stood with him was a guarantee that they would work with him for the good of the profession, and they had been nominated by responsible bodies of medical men; having seen and heard them he thought they would consider them worthy of their support. One point more he would urge, and that was that Dr. Glover, Dr. Woodcock, and Dr. Drage should be returned with such a majority as would give weight to their voices in the Council and enable them to feel that they had the influence of the profession behind them. What was most to be feared was indifference on the part of the general practitioner, and unfortunately this indifference was most likely to be shown by the very men whose judgment was most sound and whose influence in the

selection of candidates would be most valuable—the hard-working, sober-minded members of the profession, who were not carried away by the exciting topics of the moment. Abstention and neglect to vote on the part of these men might make room for mere agitators whose success would be a misfortune to the profession. The whole future of direct representation and the prospect of useful reforms within the Council and of the necessary amendment in the Medical Acts depended on the character of the representatives now elected.

Dr. DANFORD THOMAS seconded the resolution and testified from personal knowledge that Dr. Glover, whom he regarded as a very fit candidate, was in active general practice. He thought the three candidates would well represent the general feelings of the profession.

Dr. URBAN PRITCHARD, while generally agreeing with what had been said, directed Dr. Glover's attention as a member of the Council to the working of the Recommendations of the Council as to a five years' curriculum, arguing that the final examination should be taken at the end of the fourth year, leaving the student entirely free to study in hospitals or under a general practitioner, which he was prevented doing now from fear of the examinations.

The resolution was carried unanimously.

Dr. WESTLAND proposed the second resolution:

"That this meeting is of opinion that Dr. Glover, Dr. Woodcock, and Dr. Lovell Drage, all general practitioners of good standing, practising in different parts of the country and familiar with all questions affecting the interests of medical practitioners, are deserving of the support of the medical profession in their candidature for election as Direct Representatives on the General Medical Council."

He thought it most essential that the gentlemen selected should act well together, that they should be generally agreed, and show a united front.

Dr. JOHNSTON seconded the resolution.

Mr. C. B. LOCKWOOD spoke strongly in support of the three candidates. He objected to the election being regarded from the point of view of a practitioner in a cheap East-end dispensary. The subject was far wider than that would imply and called for the attention of the profession at large in order to secure the most suitable representatives. The legislature would not help them if they did not keep the advantages of the public before them.

The resolution was passed unanimously. The candidates then returned thanks, and after a hearty vote of thanks to Dr. Ford Anderson, the meeting separated.

MEETING IN BRADFORD.

A meeting of medical practitioners resident in Bradford and the neighbourhood was held in that town last Tuesday under the auspices of the Bradford Medico-Ethical Society, to hear addresses from Dr. Dolan (Halifax) and Dr. Woodcock (Manchester), who are candidates for election to the General Medical Council. Dr. Rentoul (Liverpool) had given an address to the members of the society on Oct. 16th The chair at Tuesday's meeting was occupied by Dr. Hime, who was supported by leading practitioners from the town and district. Both candidates expressed themselves in favour of a reform in the constitution of the Council and a large increase of the number of Direct Representatives. Dr. Dolan stated that he was generally in favour of the Midwives Registration Bill promoted by Dr. Rentoul. Dr. Woodcock, as is well known, advocates a Bill which would allow properly instructed and registered midwives to attend natural labour, whereas Dr. Rentoul's Bill seeks to prohibit anyone from attending women in labour except a fully qualified registered practitioner. Although such a divergence of opinion exists between Dr. Woodcock and the two other candidates on this point, still, as they were all united on the capital question of reform of the Council, it was resolved by the meeting to adopt all three, and all present pledged themselves to do their utmost to secure their election.

MEETING IN EAST MANCHESTER.

A meeting of medical practitioners was held on Oct. 21st in East Manchester at the house of Mr. Rowland Heathcote, Apsley House, Ardwick-green, to consider the question of the election of the direct representatives to the General Medical Council. Invitations had been sent by Mr. G. H. Broadbent to all the candidates, but Dr. Alderson and Mr. George Brown alone attended. There were seventeen members of the local profession present. The chair was taken by Dr. R. C. SMITH, who called upon Mr. George Brown to address the meeting.

Mr. BROWN referred at the outset to a letter of Dr. J. Brassey Brierley which appeared in THE LANCET and the *British Medical Journal*. He explained that the supposed scheme for the registration of all nurses—medical, surgical, and obstetric—which appeared in the *Medical Times and Hospital Gazette*, was not his own scheme at all, nor did he see it before it was in print. He was not in favour of any scheme by which any nurse might take away any work—medical, surgical, or obstetric—which was now being done by the members of the profession. Mr. Brown then referred to his past career and went through the points of his programme:—(1) the amendment of the Medical Acts; (2) medical aid associations to be discountenanced; (3) the standard of the preliminary examinations to be raised; (4) the apprenticeship system to be re-established in a modified form; (5) a dental representative to be elected to the Council by the fully qualified dental practitioners; and (6) the M.D. of Brussels to be registrable until such times as better opportunities are provided for English general practitioners to obtain a similar degree. With regard to the "midwives registration question" he said that he preferred no legislation at all to making things worse than they are by giving women a legal status and power to act upon their own responsibility. He thought that all "the representatives" except the Crown nominees should be elected by the profession itself and suggested the division of the country into electoral areas. He pledged himself if returned to the Council to use his utmost endeavours to get that body to carry on the arduous but necessary work of dealing with "nefarious" practitioners.

Dr. ALDERSON then addressed the meeting and said that he agreed very largely with Mr. Brown. His own programme included: (1) the amendment of the Medical Act; (2) increase of the direct representatives; (3) the registration of monthly nurses to act solely under direct medical supervision; and (4) hospital reform. He claimed that no one should be allowed to practise medicine, surgery, or midwifery unless fully qualified and registered. He was strongly opposed to the "quackery" of the day. With regard to the General Medical Council he should advise persuasion in the first instance and would try to find out what they were willing to do before telling them what they *must* do. With regard to the midwives question, he had always been in favour of protecting the poor from incompetent midwives. His solution was that every parturient woman should be under the personal responsibility of a fully qualified medical person. The so-called midwife should act only as a "monthly nurse," and should have enough training to act independently only in the case where nature delivered the woman before the arrival of the medical man.

Votes of thanks were passed to the two candidates and to Mr. Rowland Heathcote, the host.

THE REPORT FROM THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND FOR THE OFFICIAL YEAR 1895-96.

THE report from the Council of the Royal College of Surgeons of England for the official year, embracing the period from July 11th, 1895, to July 9th, 1896, to be presented to the annual meeting of Fellows and Members on Nov. 19th, contains a good deal of interesting matter under the twenty-three headings of the sections into which it is divided. Considering first academical subjects, we notice that some important changes have been made in the regulations of the Combined Examining Board. Thus, the examinations under the five years' curriculum have been reduced from four to three. As at first proposed, there were to be a third examination in medicine, surgery, and midwifery at the end of the fourth year of study, and at the end of the fifth year of study a fourth or final examination, consisting of clinical medicine, clinical surgery, and midwifery. Instead of these there will be at the end of the fifth year of study a single final examination in medicine, surgery, and midwifery, increased time being given to the clinical part, and the candidate being still allowed to take up each subject

separately. Moreover, midwifery may be passed at any time after the completion of the fourth year of study, provided that one year has elapsed since passing the anatomical and physiological examination. Pharmacology, together with therapeutics, has been placed under the head of medicine instead of being made a separate division of the final as at first proposed. And with regard to the reference to their studies of rejected candidates it has been decided that no candidate should be referred for a longer period than three months except upon resolution of the examiners. Another alteration consists in the elimination of elementary anatomy from the first examination, which now consists of Part I., Chemistry and Physics; Part II., Practical Pharmacy; and Part III., Elementary Biology. This alteration has necessitated a readjustment of the expenses borne by the two Colleges, and to secure this the whole of the four appointments of examiners in elementary biology are now allotted to the College of Surgeons instead of only half, as before.

On the other hand, some proposals for changes have been considered but not adopted. It has more than once been mooted that there should be a separate examination in ophthalmic medicine and surgery, and this step was recommended last year by the committee of management. On consultation of the schools a large majority were found to be opposed to the institution of a special examination, and the alternative proposal that every candidate should be required to have acted as an ophthalmic dresser received little support. Hence the Council determined to make no change at all in the regulations concerning ophthalmic medicine and surgery. A similar fate befell a memorial numerously signed by professors and lecturers on physiology in the United Kingdom suggesting certain alterations in the examination in physiology for the Fellowship, and especially recommending the institution of a practical examination. It was received and discussed by the Council on May 14th with a negative result, the memorialists being informed that the Council did not see their way to re-open a question most fully considered by them within the last eighteen months.

In the regulations for the licence in Dental Surgery changes of an important and extensive character have been made. Dental students registering after Jan. 1st, 1897, will have to pass three examinations instead of one as formerly. The first examination will be a preliminary science examination identical with the first examination of the Combined Examining Board. Under the old regulations candidates were not required to show any knowledge of the science subjects. Then there will be two professional examinations, the first to consist of mechanical dentistry and dental metallurgy, the latter not having been hitherto a special subject, and the second or final for the licence to comprise dental anatomy and physiology, dental pathology and surgery, including operative work, human anatomy and physiology, and surgery including pathology.

A conscientious act of restitution has been performed by the Council of the College. Two ancient bequests have descended to the College, the Arris bequest and the Gale bequest. In 1645 Mr. Edward Arris, or Alderman Arris, who became surgeon to St. Bartholomew's Hospital, gave to the Corporation of Barber Surgeons, or the United Company of Barbers and Chirurgeons, "the sum of 250li, to the end and upon condition that a humane body be once in every yeare hereafter publiquely dissected, and six lectures thereupon read, and the charges to be borne by the Company"; and in 1675 he gave £500 to the Company to cancel the former bequest. About 1698 the Gale Lecture was founded by Dr Gale, who left an annuity of sixteen pounds a year for the purpose. In 1745, on the separation of the barbers and surgeons, the Arris and Gale bequests were vested in the Company of Surgeons, but the Arris Trust was merged in the general funds of the company, the objects of the trust still being carried out. Both bequests descended to the present corporation—Gale's annuity has always been kept as a separate investment—and now at the end of ninety-six years a sum of £510 has been invested out of the College funds to represent the Arris bequest, and the dividends accruing therefrom are to be paid, together with the dividends from Gale's annuity, to the Arris and Gale lecturer. Hitherto the lecturer has only received the dividends from Gale's annuity.

One of the distinctive features of the report, in comparison with the Calendar, is the insertion of abstracts of the lectures delivered in the theatre of the College, drawn up by the lecturers themselves. These are useful both to those who attended and those who did not attend these discourses, refreshing the memories of the one class and informing the minds of the other. There does not appear to be any special reason for the exclusion of these abstracts from the Calendar. The short notices of the additions to the museum are reproduced in the Calendar, but that of the library is rather fuller than the concluding paragraphs in the Calendar. From the report we learn that during 1895-96 the library has been open 275 days and the number of readers has been 10,971.

The summary of the work at the laboratories on the Embankment, which we have already noticed in connexion with the Calendar, is extremely interesting and instructive, and should be studied by all the Fellows and Members. "During the year, 8th June, 1895, to 5th June, 1896, the special staff engaged in the examination of the specimens sent in from the throats of diphtheria patients admitted to the hospitals of the Metropolitan Asylums Board have, under the supervision of the director, examined and reported upon 14,044 specimens, or an average of 44·3 per diem. The arrangement is to be continued for a further period of six months, the Metropolitan Asylums Board again agreeing to a slightly increased payment in consequence of the extra work involved by the number of cases per day being in excess of the estimate." Some changes may be expected at the end of the year, as arrangements have been made for the conduct of some of the work in the hospitals under the board. The supply of antitoxic serum made in the laboratories to the hospitals under the Metropolitan Asylums Board commenced in September, 1895, and during the year 9074 doses have been supplied to them. At first the serum was of comparatively low antitoxic power, but by the application of Dr. Cartwright Wood's method of preparation on a large scale the strength of the serum has been increased until recently doses of 4000 units in 10 c.c. have been supplied for the treatment of more severe cases, especially those that come under treatment at a late period of the disease. Three investigators have received, or will receive, £100 from the Goldsmiths' Company—Dr. Sidney Martin, Dr. Cartwright Wood, and Dr. Grigor Brodie—and a communication from each has been sent in by the director (Dr. Sims Woodhead) and is inserted in the report. Dr. Sidney Martin gives the details of the action of the diphtherial antitoxin in neutralising the effect of the ferment toxin and albumoses formed during an attack of diphtheria, and two important points have been brought out: (1) that antitoxin if properly prepared is harmless when tested on animals; and (2) that in cases of patients suffering from severe diphtheria it is necessary to give much larger doses than in ordinary cases (4000 immunisation units) in order to neutralise the action of ferment toxins and albumoses. Dr. Cartwright Wood's experiments have resulted in a more rapid production of active diphtherial antitoxin and increased strength of the serum and he hopes to obtain even better results. The difficulties and expense of production have been greatly reduced.

Dr. Brodie's researches show the effects of such agents as acetone, ether, chloroform, alcohol, &c., on the antitoxin in the serum. Everything seems to point to antitoxin being a complex proteid closely allied to the globulin group.

The director of the laboratories has performed his duties so satisfactorily that, on the unanimous recommendation of the Laboratories Committee, a special vote of the two Colleges has been passed to enable him to continue in office for a further period of five years when the term of his appointment ends at the close of 1896.

During the year forty-one Fellows of the College have died, and we find on comparing the Calendars of 1894, 1895 and 1896 that the number of Fellows is steadily on the increase. In 1894 there were 1144 names in the Calendar, in 1895 1160, and in 1896 1175. The professional and financial sections of the report will be discussed in a separate article.

FOOTBALL CASUALTIES.—On Saturday last a student of St. Mark's College, Chelsea, while playing in a match at Sheerness against the Sheppey United Reserves, sustained a concussion of the spine accompanied by paralysis, and was removed to the Britannia Hotel, the head quarters of the Sheppey Club, where he received medical treatment.—On the 25th inst., in a match at Clonmellon, county Westmeath, a player received injuries in the abdomen. He never recovered consciousness afterwards and died on Tuesday last in the Mullingar Hospital.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Renfrew County Sanitary District.—Dr. Campbell Munro, the county medical officer of health, reports that the incidence rate per 1000 of certain infectious diseases upon the non-burghal portion of the county during 1895 was as follows: diphtheria, 8; scarlet fever, 25; enteric fever, 12; and measles, 154. In reference to the compulsory notification of this latter disease Dr. Munro states that there is a curious lack of courage amongst local authorities and their officers in dealing with this question, and he traverses the contention that notification is of use only side by side with adequate hospital isolation. He points out that hospital isolation is of use only in a small proportion of cases, inasmuch as the infectivity of measles in the early stages of the disease renders it extremely probable that in the average case occurring in a family of children the mischief has been done, *qua* that family, before the local authority can intervene to isolate. The prevention of the spread of the disease from the invaded house is therefore the main object to be attained. Dr. Munro furnishes some interesting figures in respect to the value of isolation in relation to its fatality rate of infectious disease. In the county of Renfrew the fatality rate of scarlet fever in hospital-treated cases was 1·2 per cent. and in home-treated cases 7·1 per cent. In enteric fever the respective rates were 7·1 and 9·3 per cent. With reference to the question of school attendance as a factor in the propagation of measles Dr. Munro records an outbreak of the disease which extended over two months and ran to 12 cases only. Only two of the children were of school age, and they had been withdrawn from the school before any harm had been done. In a former outbreak, which began and spread in the line of school attendance, the disease extended in a couple of months to 267 cases. Dr. Munro furnishes another instance where a child was at school on the day the rash appeared and the disease ran to 20 cases in the course of a few days.

Leith Sanitary District.—Dr. W. Leslie Mackenzie records in the first annual report which he has presented to the town council an outbreak of typhus fever which occurred in 1895. The disease seems to have been imported into the town, but it is not clear as to what locality was the source of infection, though there remains a suspicion against Perth as having been the town from which it was introduced. The outbreak was almost entirely confined to the "Scoto-Irish" population, for the most part dock labourers and their wives and children. Filth and over-crowding were pronounced. Dr. Mackenzie must have spent a large amount of time in tracing out the several cases, but he was rewarded with satisfactory evidence in almost every instance. The disease in most of the cases appears to have presented the usual characteristics, although in some instances the symptoms aborted. There were in all 32 persons (10 males and 22 females) attacked, and the cases were distributed amongst eleven houses. The fatality-rate among the males was 20 per cent.; amongst the females 4·5 per cent. No deaths occurred among the nurses or attendants, but two of the nurses suffered from severe headache and one of these had an abortive attack of typhus fever. Of all the persons attacked three had previously suffered from typhus fever; one of these three had a typical attack and two had abortive attacks.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 6775 births and 3655 deaths were registered during the week ending Oct. 24th. The annual rate of mortality in these towns, which had been 16·7 and 16·3 per 1000 in the two preceding weeks, rose again last week to 17·6. In London the rate was 17·1 per 1000, while it averaged 17·9 in the thirty-two provincial towns. The lowest rates in these towns were 11·5 in Croydon, 12·2 in West Ham, 14·0 in Huddersfield and in Newcastle-upon-Tyne, and 14·1 in Cardiff; the highest rates were 20·8 in Bolton and in Burnley, 21·2 in Hull, 21·8 in Liverpool, 22·8 in Salford, and 23·4 in Preston. The 3655 deaths included 349 which were referred to the principal zymotic diseases, against 361 and 351 in the two preceding weeks; of these, 89 resulted from diphtheria, 67 from diarrhœa, 56 from scarlet fever, 50 from measles, 47 from "fever" (principally enteric), and 40 from whooping-cough. No fatal case of any of these diseases occurred last week in Brighton or in Derby; in the other towns they caused the lowest rates in Portsmouth, Halifax, and Newcastle-upon-Tyne, and the highest rates in Nottingham, Manchester, Birkenhead, and Liverpool. The greatest mortality from measles occurred in Nottingham, Bradford, Hull, and Plymouth; from scarlet fever in Birkenhead; from whooping-cough in Cardiff, Huddersfield, and Swansea; and from diarrhœa in Birkenhead, Burnley, Gateshead, and Bolton. The mortality from "fever" showed no marked excess in any of the large towns. The 89 deaths from diphtheria included 57 in London, 6 in West Ham, 5 in Leicester, 5 in Liverpool, 3 in Bristol, and 3 in Birmingham. No fatal case of small-pox was registered in any of the thirty-three large towns. There was only one case of small-pox under treatment in the Metropolitan Asylum Hospitals on Saturday last, the 24th inst., against 3, 4, and 2 at the end of the three preceding weeks; no new cases were admitted during the week. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 4164, against 4020, 4105, and 4073 at the end of the three preceding weeks; 448 new cases were admitted during the week, against 454, 424, and 372 in the three preceding weeks. The deaths referred to diseases of the respiratory organs in London, which had been 218 and 238 in the two preceding weeks, further rose to 334 last week, but were 25 below the corrected average. The causes of 60, or 1·6 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Nottingham, Oldham, Sunderland, and in ten other smaller towns; the largest proportions of uncertified deaths were registered in West Ham, Birmingham, Salford, Blackburn, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had risen in the four preceding weeks from 14·4 to 17·9 per 1000, further increased to 18·9 during the week ending Oct. 24th, and was 1·3 per 1000 above the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 15·2 in Greenock and 15·4 in Perth to 20·1 in Glasgow and 21·4 in Paisley. The 552 deaths in these towns included 24 which were referred to diarrhœa, 16 to measles, 12 to whooping-cough, 7 to "fever," 5 to diphtheria, and 4 to scarlet fever; in all, 68 deaths resulted from these principal zymotic diseases, against 57 and 41 in the two preceding weeks. These 68 deaths were equal to an annual rate of 2·3 per 1000, which was 0·6 above the mean rate last week from the same diseases in the thirty-three large English towns. The 24 fatal cases of diarrhœa exceeded by 9 the number in the preceding week, and included 10 in Glasgow and 4 in Aberdeen. The deaths referred to measles, which had been 15 and 5 in the two preceding weeks, rose again to 16 last week, of which 12 occurred in Glasgow and 2 in Aberdeen. The 12 fatal cases of whooping-cough exceeded the number recorded in any recent week, and included 8 in Glasgow and 2 in Edinburgh. The deaths referred to different forms of "fever," which had declined from 9 to 1 in the three preceding weeks, rose again to 7 last week, of which 5 occurred in Glasgow. The 5 fatal cases of diphtheria exceeded by 2 the number in the preceding week, and included 3 in Glasgow, where all the 4 deaths from scarlet fever were also recorded. The deaths from diseases of the respiratory organs in these towns, which had been 86 and 116 in the two preceding weeks, further rose to 122 last week, but were 8 below the number in the corresponding period of last year. The causes of 34, or more than 6 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 23·6 and 22·1 per 1000 in the two preceding weeks, rose again to 28·3

during the week ending Oct. 24th, and exceeded the rate recorded in any week since March last. During the past four weeks of the current quarter the death-rate in the city has averaged 23 5 per 1000, the rate during the same period being 16·0 in London and 15·8 in Edinburgh. The 190 deaths registered in Dublin during the week under notice showed an increase of 42 upon the number in the preceding week, and included 26 which were referred to the principal zymotic diseases, against 21 and 17 in the two preceding weeks; of these, 9 resulted from scarlet fever, 9 from "fever" (principally enteric), 5 from diarrhœa, 3 from whooping-cough, and not one either from small-pox, measles, or diphtheria. These 26 deaths were equal to an annual rate of 3·9 per 1000, the zymotic death-rate during the same period being 1·4 in London and 0 9 in Edinburgh. The fatal cases of scarlet fever, which had been 4 and 2 in the two preceding weeks, rose again to 9 last week. The deaths referred to different forms of "fever," which had been 6 and 8 in the two preceding weeks, further rose to 9 last week. The 3 fatal cases of whooping-cough correspondedwith the number recorded in the preceding week. The 190 deaths in Dublin last week included 42 of infants under one year of age, and 31 of persons aged upwards of sixty years; the deaths of infants considerably exceeded those recorded in any recent week, while those of elderly persons corresponded with the number in the preceding week. Five inquest cases and 7 deaths from violence were registered; and 66, or more than a third, of the deaths occurred in public institutions. The causes of 15, or nearly 8 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.

SURGEON-MAJOR J. J. C. DONNET has been appointed a member of the Board of Health, Poona. Surgeon-Major Carleton will shortly embark for India.

Surgeon-Lieutenant-Colonel George T. Langridge to be Brigade-Surgeon-Lieutenant-Colonel, vice J. G. Williamson, retired. Surgeon-Lieutenant-Colonel W. E. Webb, M.D., to be Brigade-Surgeon-Lieutenant-Colonel, vice J. Williamson, M.B., F.R.C.S I., promoted. Surgeon-Lieutenant-Colonel Albert Kirwan, F.R C.S. Edin., is placed on retired pay. Surgeon-Major W. J. Macnamara, M.D., is seconded for service as Deputy Surgeon, Royal Hospital, Chelsea.

INDIA AND THE INDIAN MEDICAL SERVICES.

The following promotions are made subject to Her Majesty's approval:—*Bengal Medical Establishment:* Surgeon-Majors to be Surgeon-Lieutenant-Colonels: James Moorhead, M.D.; Charles William Owen, C.I.E., C.M G.; and Gilbert Saunders Griffiths. Surgeon-Captains to be Surgeon-Majors: John Tasman Waddell Leslie, M.B.; David Prain, M.B.; Arthur Thomas Bown; Upendra Nath Mukerji, M.B.; and William Locking Price, M.B. *Madras Medical Establishment:* Surgeon-Majors to be Surgeon-Lieutenant-Colonels: William Alexander Lee and Montague Stokes Eyre, M.B. *Bombay Medical Establishment:* Surgeon-Majors to be Surgeon-Lieutenant-Colonels: Osborne Henry Channer, M.B., Edward William Young, and Hugh McCalman, M.D. Surgeon-Captain H. W. Pilgrim, Second Resident Surgeon of the Presidency General Hospital, is appointed to be Second Resident Surgeon of that institution. Surgeon-Captain D. M. Moir, Deputy Sanitary Commissioner, Metropolitan and Eastern Bengal Circle, is appointed to be Second Resident Surgeon of the Presidency General Hospital. Surgeon-Lieutenant-Colonel R. Macrae, Civil Surgeon of Gaya, on special leave, is appointed to be Civil Surgeon of Dacca, vice Surgeon-Lieutenant-Colonel E. G. Russell, transferred. Surgeon-Captain J. F. Evans, Officiating Civil Surgeon of Nadia, is appointed to act as Civil Surgeon of Dacca. Surgeon-Lieutenant R. F. Standage and Surgeon-Captain J. L. T. Jones have respectively delivered over and received charge of the Aden Prison.

NAVAL MEDICAL SERVICE.

The following appointments are notified: — Surgeons: D'Arcy Harvey to the *Wye:* John Jenkins to the *Pembroke*, additional, for three months' instruction at a metropolitan hospital.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Lieutenant A. Thorne to be Surgeon-Captain.

VOLUNTEER CORPS.

Rifle: 19th Middlesex (St. Giles's and St. George's, Bloomsbury): The under-mentioned gentlemen to be Surgeon-Lieutenants:—James Jackson Clarke and Morgan Richards.

THE SOUDAN CAMPAIGN.

The Nile campaign has terminated most successfully so far, the Sirdar has been *fêted* at Cairo, and Lord Cromer has made a straightforward and significant speech on the occasion. From the humanitarian point of view the most satisfactory result of the defeat of the Dervishes and the capture of Dongola is the relief of the unfortunate people from the oppressive and tyrannical rule to which they have been subjected and the prospect of better times for them. That the inhabitants of the Soudan regarded and received their supposed enemy as their deliverer cannot be doubted from the way in which they welcomed the advance of the Anglo-Egyptian force, and it now remains for us to justify their confidence in us by the development of the material resources of the country and the justice of our rule. The history of Egyptian government of these provinces in the past is a bad one, and it will be our duty to see that it is not repeated but that the natives of the conquered places are protected from all oppressive taxation and injustice and allowed to cultivate their lands and carry on their pursuits for the future in peace and confidence. The medical, surgical, and sanitary history of the campaign will prove interesting, for the expedition to Dongola was attended with unusual obstacles and difficulties and a considerable amount of epidemic and climatic disease. The heat was extreme and the meteorological conditions of an exceptional kind, and the medical and hygienic arrangements for the force must have been excellent for the expedition to have been carried to a successful issue.

THE LATE SURGEON-GENERAL DARLEY BERGIN, M.D.

Surgeon-General Darley Bergin, M.D., of Canada, says the *Times*, was born at Toronto in September, 1826, his father being an Irishman from King's County. He was educated at the Upper Canada College and M'Gill University. He raised and commanded a company at the time of the Trent Difficulty in 1861, and became Lieutenant-Colonel of the Stormont and Glengarry Battalion in 1869. In 1880 he was elected to the Federal Parliament by the Conservatives of Cornwall, Ontario, and held the seat in 1885 when the North-Western rebellion broke out. The military authorities were quite unprepared for such an emergency, and the rapidity with which plans were laid and *matériel* concentrated reflected the greatest credit upon Dr. Bergin. He was appointed to the vacant office of Surgeon-General on April 1st, and within a week his staff was completely organised and the necessary hospital equipment on its way to Winnipeg. Although the losses in action during the expedition were heavy in proportion to the number of troops engaged the rate of recovery among the wounded was remarkably high and sickness among the rest of the troops was almost unknown.

DEATHS IN THE SERVICES.

Inspector-General of Hospitals and Fleets C. M'Shane, aged seventy-six years, on the 18th inst. He entered the Royal Navy, in 1844; was promoted to Staff-Surgeon in January 1855; was Surgeon attached to the medical staff at Therapia in the same year and was awarded the Crimean and Turkish medals with Sebastopol clasp; became Deputy Inspector-General of Hospitals and Fleets in 1876, and Inspector-General upon his retirement in 1880. He had been in receipt of a Greenwich Hospital pension since October, 1890.

Surgeon-Major William Evelyn Alston, M.D., J.P., at his residence, East Cliff House, Sandgate, in his sixty-first year. He was appointed Assistant Surgeon in the Army in 1859, was promoted Surgeon-Major in 1875, and retired on half-pay in 1879.

PRESENTATIONS TO MEDICAL PRACTITIONERS.—Last week, at the Manchester County Police-court, Strangeways, Colonel Moorsom, the Chief Constable for the county, presented Mr. Geo. H. Darwin, of Didsbury, with a silver tea urn, suitably inscribed, for services rendered as an instructor to the county police for the St. John Ambulance Association.

Correspondence.

"Audi alteram partem."

"CHRISTIAN BURIAL AND CREMATION: A NOTE AND A QUERY."

To the Editors of THE LANCET.

SIRS,—With reference to the annotation under the above heading in THE LANCET of Oct. 24th kindly allow me to reproduce in your columns a paragraph from the last will and testament of the saintly Thomas Wilson, D.D., still revered in the Isle of Man as the "Good Bishop Wilson." The will bears date 1746, eight years before his death in 1754, in the ninety-third year of his age and the fifty-eighth of his consecration as bishop. "Secondly, my desire is, and so I have ordered it, that my body be buried in the churchyard of this parish, in which I have lived (viz., Kirk Michael), over against the east window, wishing that my example may prevail, with some at least, to leave of an undecent (*sic*) custom of burying the bodies of their friends in the House of God, very often to the offence of the congregation and always disordering the seats and floors of the church." His example prevailed with his successors, Bishop Hildesley and Bishop Crigan, whose bodies rest in the same churchyard near his simple tomb. But I regret to add that even in the island which was his home for more than half a century the practice he endeavoured to check prevailed for a century after his death, the churches of Peel and Kirk Malen being, to my certain knowledge, rendered unwholesome by it, and probably other insular churches besides.

In eight more years a century and a half will have elapsed since the death of good Bishop Wilson. It seems to me deplorable that there should have been in this year of grace 1896 two burials under St. Paul's Cathedral and a third in Canterbury Cathedral. I am tempted to repeat with Thackeray the question he asked some fifty years ago, "What, gentlemen, can't we even in the Church acknowledge a republic? There, at least, the Heralds' College itself might allow that we all of us have the same pedigree and are direct descendants of Eve and Adam, whose inheritance is divided amongst us." It is a perfect marvel to me that fashion has not long since voted burials under churches as "snobbish" and "caddish," for fashion is more powerful and influential than even the examples of such men as good Bishop Wilson. The late Mr. P. H. Holland told me many years ago how the late Lord Palmerston, who may be said to have closed intramural churchyards and burial under churches, when Home Secretary was most anxious to have an exception made in favour of a relative. It was arranged with some difficulty. One Home Secretary permitted the body of a bishop (Ely) to be buried in the cathedral, and another Home Secretary sternly refused to allow the body of another bishop (Ripon) to be so deposited; it found its resting-place in the burial ground adjoining the cathedral.

Surely the time has now come when burial under any church, chapel, or building in which the living assemble for worship ought to be absolutely forbidden by Act of Parliament, and not left to the caprice of any Government official, however highly placed. If cremation has taught us anything it is the wickedness of spending large sums of money in disposing of our dead at the expense of the living, and instead of restoring the poor body to the earth for dissolution to dispose of it in such a manner as to commence an unseemly strife with nature to the danger of the living, it may be, many years hence.

I am, Sirs, yours faithfully,

Liverpool, Oct. 26th, 1896. FRED. W. LOWNDES.

To the Editors of THE LANCET.

SIRS,—The paragraph of your correspondent's, Easton Bavent, M.D., writings on the funeral of the late Archbishop at Canterbury Cathedral contains the following: "It was a little curious to read some newspaper accounts in which it was either inferred or stated directly that the remains of Thomas à Becket still find a resting-place in the Cathedral. A very slight study of Stanley's well-known Memorials of Canterbury would have put them right in that matter." But Dean Stanley has not asserted positively that the bones of Becket were destroyed. Let anybody read page 200 and the footnote 3 and they will see that this is so. Moreover, the facts brought out by the discovery of the skeleton in the crypt of the Cathedral since Dean Stanley's death, have led many to consider that most probably these bones are those of the murdered Archbishop, and amongst the many I would include the late Archbishop and the late Dean of Canterbury and the present Dean of Canterbury. At the time the bones were found a pamphlet was issued by the Dean and Chapter of Canterbury. This pamphlet is to be re-issued early next year. It will contain a chapter by Canon Scott Robertson, the well-known Kent antiquarian, entering fully into all questions regarding the body proprietorship of these bones. For my own part, and I in 1888 put the bones anatomically together, I would say that the arguments for the bones being those of Thomas à Becket's are far weightier than those against their being the Archbishop's.—I am, Sirs, yours faithfully,

Canterbury, Oct. 26th, 1896. PUGIN THORNTON.

To the Editors of THE LANCET.

SIRS,—The letter of Easton Bavent, M.D., in THE LANCET of Oct. 24th on the subject of cremation touches a much deeper feeling than he seems to appreciate. It is not that we who believe in the resurrection of the body have any fear that burning or any other mutilation can even affect God's promise towards us, but burial is a Christian rite as essentially as burning is a Pagan one, and cremation only lacks the dance round the funeral pyre to complete a scene which is so repugnant to Christians. "God's acre" has a hallowed charm for us which we do not wish to lose, and lost it must be if a few cinders is all that we are to place there for the future. Call it sentiment if you will, but religious sentiment is still the strongest power on earth, and at a time when irreligion is flaunting itself before the public gaze, surely it is a Christian duty to shun all forms and ceremonies which in ages past have been associated with godless desecration of the dead. Of course, "Salus populi suprema est lex" holds good; but I have yet to learn that Christian burial of the dead in the earth in a perishable coffin under a sufficient depth of soil has any danger to the living.

I am, Sirs, yours faithfully,

MARTINDALE C. WARD, M.D. Aberd.

Twickenham, Oct. 24th, 1896.

"ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL."

To the Editors of THE LANCET.

SIRS,—Mr. Colin Campbell says[1] that he believes this election will be influenced mainly by the attitude of the various candidates towards the vexed question of the legal registration of "midwives," and as he has undertaken the responsibility of dividing the candidates into two parties I will show in a few sentences that he is entirely wrong in his attempt to justify the claims of one set and equally so in his condemnation of those to whom he is opposed. He tells us that Messrs. "Rivington, Rentoul, Dolan, and Brown have expressed themselves with a lucidity which leaves nothing to be desired," and further "that they will have no truckling to the party which aims at the destruction of the unity of medicine—established by the Act of 1886—and promise to firmly resist all attempts to hand over the lives of even the poorest parturient women and their offspring to the legalised control of so-called 'educated midwives.'" Doubtless Mr. Campbell accepts the assurances contained in the addresses of these gentlemen and expressed in a phrase common to all. It reads: "I shall oppose to the utmost the recognition by Parliament of midwives as independent practitioners," or, in the words of Dr. Rentoul, "the formation of an inferior order of midwifery practitioners."

I admit this promise of what they will do is perfectly definite, but it is entirely contrary to what they *have already done* in this direction; and if the proposals they have made were adopted we should have a large class of inferior and *independent* practitioners infinitely more dangerous to the public and injurious to the profession than anything yet proposed by lay associations. In the *Medical Times and Hospital Gazette*, of which Mr. George Brown is co-editor with Dr. Bedford Fenwick, in an article under date May 18th, 1895, a scheme is sketched for an elaborate training of obstetric nurses. It proposes three years in a general hospital, at least

[1] Brit. Med. Jour., Oct. 24th.

three months in a lying-in hospital, and nine months additional training in a hospital for women or lying-in hospital, or attendance upon midwifery cases under a medical man and evidence of having attended not less than thirty cases of labour! She is then to appear before a board of examiners for examination in elementary anatomy, hygiene, general nursing, and ordinary midwifery. In order that there may be no doubt as to the use which shall be made of these high-class nurses these gentlemen proceed to say: "It appears to us that the consequence would be that many medical men would gladly employ nurses so efficiently trained for attendance upon their poor and parish patients, knowing that parturient women would therefore receive every care and attention, and that in the event of any abnormality showing itself medical assistance would be immediately summoned."

With this remarkable manifestation of zeal in their endeavours to create such a superior class of nurses these gentlemen have not overlooked the necessity of establishing them on a legal basis. I quote from a memorandum by Dr. Bedford Fenwick on the proposed better education of medical, surgical, and obstetric nurses, and for which it is proposed an Act of Parliament should be passed. In Paragraph 6 of this memorandum we read: "(*a*) A trained nurse is a person who attends upon the sick or upon women in labour only under medical control and direction." What a farce to speak of medical control after proposing that these women shall be used by medical men as their assistants and trusted by them to determine when it is necessary to call in a medical man.

Now a word as to the candidates Mr. Colin Campbell would *not* advise us to support. Dr. Glover condemned the above proposals when they were first brought forward, and told the authors that they were creating "rivals" to themselves. During the present campaign both he and Dr. Woodcock have denounced these proposals in unmeasured terms. I would remind your readers that the new regulation of the General Medical Council with regard to practical midwifery, that students must attend a minimum of twenty cases instead of three, is largely due to the persistent efforts of Dr. Glover. Dr. Lovell Drage is perfectly sound on this question as far as definite medical control is concerned, although I believe he is wrong in advocating this should be carried on through the medical officer of health. I make no doubt he will see his way to supporting the proposal that the district medical officer is the proper person under whose control women attending labours should be placed. The position is simply this: Dr Glover, Dr. Drage, and Dr. Woodcock are determined to deal with and place under efficient medical control and supervision a class of michievous practitioners already existing. The gentlemen whose claims Mr. Colin Campbell advocates have told us, and clearly demonstrate by their actions, that they mean to create an entirely new order of inferior and half-trained medical practitioners and to employ such as unqualified assistants. I hardly think Mr. Walter Rivington will care to have his name associated with the programme of this combination, and I desire to point out that my remarks must not be taken as having any reference to his candidature. I am not aware that this gentleman has ever done anything towards reforming medical institutions or removing the disabilities our profession is so over-burdened with, and therefore do not presume to criticise his claims (?). At least, his address *reads* well; but, alas!—

I am, Sirs, yours truly,

Old Trafford, Oct. 28th, 1896. JAMES BRASSEY BRIERLEY.

To the Editors of THE LANCET.

SIRS,—The General Medical Council are supposed to represent the mutual interests of the public and the profession, although for many years past the general practitioner has ceased to expect any advocacy of his views by the representatives of his college or university; therefore, the whole duty of expressing the opinion of the rank and file is upon the shoulders of five gentlemen—the direct representatives. How careful, then, ought we to be that the gentlemen elected understand the disabilities under which we labour. At the Manchester meeting the points discussed were—proposed registration of midwives, employment of practitioners by medical aid societies, and the rousing up of the General Medical Council generally. With all the discussions, speeches, and manifestoes that have been lately to the fore, one does not notice the fact stated that the first duty of the Council will be the reform of the profession itself. How can any practical men expect the public to object to the attendance of midwives on natural labour while we ourselves employ untrained persons to perform our own duties? It is we who have taught the public to expect medical advice for nothing and to employ unqualified persons as medical attendants; we who have competed against the druggist and undersold our fellow practitioners; and yet, forsooth, we are astonished because clever commercial men have learned the lesson and gone one better for their own advancement.

The college representatives—grave and reverend seniors whose ideas are academical while their duties are supposed to be practical—cannot be expected to understand that the profession is to be judged by the lower ranks and not by the leaders, and that legislation which will permit of a fair livelihood being obtained by the upright, honest, and skilful practitioner is to the best interests not only of the profession, but also of the public whose guardians they are. But our representatives must be men who know and are not frightened to speak. Dr. Washbourn in a recent issue advocates the systematic teaching of bacteriology. And to what purpose? What is the advantage of teaching science to men whose future life will be one long struggle to compete decently against the prescribing druggist, or, indeed, the unqualified assistant of some brother practitioner, and who must be prepared to diagnose, prescribe, and dispense for a sum seldom exceeding a shilling cab fare? No, Sirs, it must never be forgotten that the present system began inside the profession, and if reform is to take place it must be begun by returning men to the Council to advocate—(1) the prohibition of all practice by unregistered persons; (2) that registered practitioners be forbidden to work under lay direction for profit; and hence (3) the regulation of medical charities by medical men.—I am, Sirs, yours faithfully,

CHARLES S. PATTERSON, M.D. Edin., M.R.C.S. Eng.

Queen Victoria-street, E.C., Sept. 29th, 1896.

To the Editors of THE LANCET.

SIRS,—Direct representation is a failure. This may be seen in the fact that it has accomplished nothing. The realisation of this fact is setting up an outcry for more direct representatives. A minute minority has little influence over a large majority. Double the number of direct members and what would be the result? Twice nothing. The two nominees of the British Medical Association council have discovered this and stand aside. The Council represents the corporations, or, rather, the medical authorities, and, as at present constituted, must do so. But if corporate interests are opposed to those of the profession, who will say that the latter ought to be sacrificed to the former? Cannot the two be reconciled? Only by making the corporations really represent the profession. This can be done by committing the election of the representatives of these bodies to their several diplomats. There would then be no need for so-called *direct* representatives. This *indirect* method of representation is the one submitted by me to Government before and since the formation of the Council. To so far reform its constitution was my object in accepting the invitation to become a candidate in 1866, when more than 1200 voters supported me. Let the franchise of each corporation be committed to its members, and not only the General Medical Council but the corporations themselves will gain by the reform. I observed in your columns some weeks since a letter by Mr. W. G. Dickinson advocating corporation reform as the best cry for the coming election. Which of the candidates will adopt it? The following is one example of how it would work. The representative of the Royal College of Surgeons of England is appointed by its Council. One of those twenty-four distinguished surgeons is not necessarily the best representative of the body corporate; but if he were, and were chosen by the 12,000 Fellows and Members, the honour would be so much the greater and so would his influence. There would then be no need of Societies of Fellows or Members—all would be represented. Will you not urge this as the one simple and sufficient reform?—I am, Sirs, yours faithfully,

Deanery-street, Park-lane, Oct. 26th, 1896. PROSSER JAMES.

To the Editors of THE LANCET.

SIRS,—Referring to the letter of Dr. Alderson and Mr. Savage under the above heading in THE LANCET of Oct. 24th, I beg to state that I sent the printed report in

question to the editor of the *Medical Times and Hospital Gazette* as a fair record of the proceedings.

I am, Sirs, yours faithfully,

Lavender-hill, S.W., Oct. 27th, 1896. R. H. BARKWELL.

*** We have received a letter to the same effect from the editors of the *Medical Times and Hospital Gazette*.—ED. L.

"THE SWISS NATIONAL EXHIBITION AT GENEVA."

To the Editors of THE LANCET.

SIRS,—My attention has been called to-day to an annotation in THE LANCET of April 25th last in which occurs the following:—"A box or case is placed round the body in the region of the stomach and liver, a handle is turned, and liquid air is pumped in through the pores of the skin." Being one of the two physicians who conduct this therapeutic means (Dr. Chassat is the other one), I cannot let pass unnoticed such a mistake. The fact is that a cylinder 65 centimetres wide and 1·80 metres deep, furnished with a double envelope, is cooled to – 166° F. (110° C.). It is lined with a fur. The patient descends into that well, and remains from ten to twenty minutes. His shoulders are covered with a rug, to prevent him from breathing the cold air, and for preventing the warm air from penetrating into the well. His temperature generally rises about 1° F. (from 0·2° to 0·8° C.). This treatment is used especially in nervous diseases of the stomach with fair success. We are waiting for occasions of trying it in other diseases with lowering of the nutrition (diabetes, obesity, anæmia, &c.).

Preparing for the Gynæcological Congress (of which I am secretary-general), I cannot now spare time to give you a long article; but I can refer you to the *Journal de Médecine de Paris*, July 26th and also Aug. 9th, 1896. The third article of mine in the same journal is not yet published. An article from Dr. Chassat's pen will appear in the next edition of *Médecine Hypodermique*. The liquid air is made in another part of the Pavillon Raoul Pictet. It requires a temperature of – 371° F. (– 219° C.).—I am, Sirs, yours faithfully,

Geneva, Aug. 25th, 1896. A. CORDES.

*** The words quoted by our correspondent do occur, but we mentioned that we had only seen a description of the apparatus, not the apparatus itself.—ED. L

"POISONOUS HONEY."

To the Editors of THE LANCET.

SIRS,—I have read with interest some remarks on "poisonous honey" in recent impressions of THE LANCET. I believe symptoms of poisoning after having eaten honey occur more frequently than many people are aware of. A gentleman a fortnight ago had a small quantity of honey sent to him in consequence of its having come from the north of Scotland. The honey was red in colour, thick in consistence, and not very agreeable in taste and odour, but these peculiarities were attributed to the heather from which the bees had gathered the honey. A small quantity was eaten by the recipient of the present, who was in very good health at the time, but coincidently with his partaking of the honey disagreeable symptoms set in. They were nausea, flatulence, severe headache, heat of head, drowsiness, and great dizziness. These symptoms slowly passed away when eating of the honey was not repeated, but even now the gentleman has not regained his usual equilibrium when walking, and his normal power of digestion. It is most probable in this case that the little busy bees who gathered the honey picked up and introduced into it some deleterious ingredient, harmless no doubt to themselves, but poisonous to man. It is generally supposed that the best honey is gathered from heather, for the famous honey of Hymettus was taken from the heath plant.

I remember having seen symptoms of poisoning in a schoolboy caused by eating the honey of the wild bee (Bombus). Many people cannot eat the delicious and fragrant honey of the humble bee without suffering from headache and dizziness. It is said that honey collected from some particular flowers in Jersey is unfit for use in consequence of its poisonous properties. But for honey poisoning on a large scale we must go back to the celebrated "Retreat of the Ten Thousand," which occurred about 401 years B.C. After the battle of Cunaxa and the death of Cyrus the famous retreat of the ten thousand Greeks began under the conduct of the great Xenophon, and after numerous feats of valour and untold hardships the troops reached the Colchian Mountains. Here the soldiers, finding plenty of honey of exquisite taste and flavour, ate large quantities of it. After eating they were soon seized with severe giddiness. Those who had eaten little conducted themselves like drunken men and those who had eaten much were attacked with a kind of frenzy, so that the ground round the camp presented the appearance of a field of battle covered apparently with dying men. In about twenty-four hours, however, they recovered their senses. The dangerous symptoms generally vented themselves in violent vomiting and purging, which weakened the soldiers so much that it was only after several days that they could stand on their feet. Having at length recovered their strength the Greeks proceeded to Trebizond, which they reached after a march of three days. I think it was this incident in the "Retreat of the Ten Thousand" that Thomas Moore had in view when he wrote the lines in "Lalla Rooke"—

> "Ev'n as those bees of Trebizond,
> Which from the sunniest flowers that glad
> With their pure smile the gardens round
> Draw venom forth that drives men mad!"

I am, Sirs, yours truly,

WILLIAM O'NEILL, M.D. Aberd., M.R.C.P. Lond.

Lincoln, Oct. 20th, 1896.

"THE NEW HOSPITAL FOR WOMEN, EUSTON-ROAD, AND GENERAL PRACTITIONERS."

To the Editors of THE LANCET.

SIRS,—I beg to call your attention to a clerical error in THE LANCET of Oct. 17th. On page 1113, in my letter of Oct. 8th to Dr. McLaurin, you have printed, "A small payment is required from every patient and goes to the *funeral* fund of the hospital." Kindly alter it to "*general* fund," as it stood in my letter. A funeral fund does not, I am thankful to say, exist, nor is it required.

I am, Sirs, faithfully yours,

Oct. 16th, 1896. HELEN WEBB.

*** In the type-written MS. of the correspondence in question the word was clearly "funeral" and not "general." We regret the error, but we could not guess that it was there. The sense was good, and the names of some of the off-shoots of large charities are often curious.—ED. L.

"HOSPITAL REFORM."

To the Editors of THE LANCET.

SIRS,—As you well remarked in your annotation in THE LANCET of Oct. 24th the subject of Hospital Reform teems with difficulties. It is only reasonable, therefore, that an association which is barely a month old should be allowed a fair amount of time to consider its bearings before taking any decisive action. I may, however, be allowed to state that the association has not been idle. It has placed itself in communication with the branches of the Charity Organisation Society in most of the big towns, and it has sought the coöperation of many of the branches of the British Medical Association. Moreover, it has practically decided to recommend the hospital authorities to adopt the following plans for the prevention of the *abuse* and of the *overcrowding* of the out-patient departments—viz., (1) the appointment of a properly qualified person to make inquiries into the circumstances of patients after they have received first aid; and (2) the strict limitation of the number of *new* cases to be seen by each medical officer.

The association is aware that enquiries are now made at some of the hospitals, but with one or two exceptions such enquiries are made either by one of the resident medical staff or by the secretary. It is felt that in all the large hospitals these officials have not sufficient time at their disposal to make a thorough investigation. With regard to special hospitals, the association would feel gratified to members of the profession if they would kindly place any information they may possess in the hands of the honorary secretary. It will probably be found necessary to appoint a sub-committee to thoroughly investigate the conditions relating to such institutions. In conclusion, perhaps you will permit me to appeal to the profession generally to help

us in the arduous task we have undertaken. We are conscious that without the loyal co-operation of all sections of the profession we shall not be able to accomplish any good results. At the same time we must not lose sight of the fact that in everything connected with hospital administration the public are as much interested as the medical men. Our aim, I think, should be to prove to the satisfaction of the supporters of the hospitals that the reforms advocated will benefit their institutions and make them more serviceable to the class for whom they were originally established.

I am, Sirs, yours faithfully,

Cardiff, Oct. 27th, 1896. T. GARRETT HORDER.

P.S.—I have just received the following letter from Lord Tredegar, which you may think worth reproduction: "I sympathise most fully with the objects of the association, as I have so many applications for orders for various hospitals to which I subscribe from those who are quite able to pay their own doctors, and I shall be glad to become a member."

"THE NEW POOR-LAW OFFICERS' SUPERANNUATION ACT."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 17th you publish a letter from Mr. Rutherglen, the chairman of the Poor-law Superannuation Bill Committee, and as it appears to be of the nature of a reply *inter alia* to a letter of mine, I venture to ask you to insert the following remarks upon it.

My letter dealt with the Act from the point of view of the nurses employed in the Poor-law service. Mr. Rutherglen in his letter mentions "young ladies who are burning to enter the noble profession of nursing" as carried on in workhouse infirmaries. These ladies must have entirely consumed themselves, for I have excellent authority for stating that it is a constant complaint on the part of guardians that they cannot get suitable young women to take up nursing. This is to be expected if one remembers the lack of professional stimulus, the overwork, the annoyances and restrictions to which in many (especially country) workhouses they are subjected, and the want of sufficient inducements to trained nurses to encourage them to enter the Poor-law service in view of the extensive demand for their services in other posts in which they are not only well paid but well treated. Mr. Rutherglen suggests that, if it was difficult to get nurses to enter the Poor-law service with "deductions from their salaries under the Poor-law Superannuation Act," as now appears in the advertisements for them, guardians would have to offer an increased salary to compensate them for these deductions. This way of meeting the difficulty is not one likely to be accepted by guardians. It means, of course, that the superannuation payments would then come out of the rates. Under the old law retiring allowances were, in small part, paid by the guardians out of the rates. The rates have been relieved of all responsibility for this in the future, and it is highly improbable that guardians will voluntarily take upon themselves to burden the rates with payments for persons whom they have only just engaged and who have no equitable claim of this sort upon them. Mr. Rutherglen classes porters, nurses, and female servants together. This is a wrong classification. Porters and servants are capable of doing their work long after nurses can do theirs efficiently. He would put on the medical officer the onus of certifying that a nurse who wished to retire earlier was unable to do her work efficiently, although such a certificate might be directly opposed to the ideas of the guardians, and though these last are more given to neglecting their medical officers' advice than taking it. Mr. Rutherglen persisted in leaving out of his draft rule any "contracting-out" clause for nurses, and now he wishes to shift the responsibility for the retention of worn-out nurses from his own shoulders to those of the medical officers.

A very serious consequence of making the superannuation fund a local one instead of a general one is this, that guardians will have to take care that the estimates on which the superannuation calculations are made are not falsified through too many persons being on the local fund at the same time. Thus they will certainly take on young nurses in place of women who are near the age of forty, and if a nurse at or after the latter age has to leave an infirmary or, as Mr. Rutherglen puts it, "in later years is compelled through widowhood or any other cause to re-enter it she will find it uncommonly hard, if not absolutely impossible, to get a post." If, on the other hand, a nurse is near her superannuation age and the fund is being rather heavily pressed guardians will be very likely to get rid of her on some trivial excuse. Another result is that a nurse will have necessarily to spend the last twenty years or so of her life in the same infirmary, and will be at the mercy of every one who, being in authority, wishes to "put upon her." Mr. Rutherglen speaks of "a certain superannuation," but, oddly enough, says that "the whole principle of the Act is based upon the theory that only a comparatively small proportion of those who contribute will ultimately need superannuation." This is not exactly the way in which the payment of superannuation money may be made a pleasant task to those who have to do so. The truth of the matter is that Mr. Rutherglen and the other permanent officials are in quite a different position from nurses. They enter the Poor-law service as a profession, outside of which they have no hopes and no interests. Nurses, on the other hand, enter it when they do so either to get a training or in order to supply temporary necessities, not with any idea of remaining in it for any number of years. The Superannuation Bill Committee tried, according to a statement of a member of it,[1] to meet each class by separate provisions, but failed to do so. Of course, this would have meant a large deduction from their salaries if, for example, the clerks to the guardians had to supply their own superannuation fund, since they formed a body whose members retained their posts habitually for a great number of years, lived comparatively easy lives, and were very likely to become each and all of them entitled to superannuation allowances, therefore other classes less likely to do so had to be dragged in. Mr. Rutherglen refers to the manner in which the Bill was got through both Houses without amendments, as had been promised, the insertion of a "contracting-out" clause. Mr. Rutherglen can only redeem his promises in this direction by assisting in getting an Amending Act passed next session, for it is evident that the Bill could not have come on if these amendments had not been agreed to privately, and the Bill should, therefore, have been withdrawn when it was found, as Mr. Rutherglen says was the case, that these amendments could not be inserted on account of want of time. In this case deeds will be better than promises.

Finally, I wish to say that personally I am in favour of compulsory superannuation under circumstances such as the present Act has to do with, but I most earnestly protest both against the manner in which this Act has been drawn up as regards nurses and similar officers, and also against the principle that guardians or any public body should be allowed to make their servants provide the whole of their superannuation funds out of their own pockets. It relieves such public bodies of the right, which in equity should fall upon them, of providing some part of the old age allowance of servants who have done good and long-continued work in their service.—I am, Sirs, yours faithfully,

South Hampstead, Oct. 20th, 1896. ROWLAND HUMPHREYS.

"HORSE AMBULANCES."

To the Editors of THE LANCET.

SIRS,—Since October, 1895, when the need of such a vehicle in connexion with the local hospital, then lately opened, asserted itself, Blackpool has been in possession of a horse ambulance provided, maintained, horsed, and manned by the town council.

The ambulance was built in Liverpool; it is mounted on pneumatic tyres and is very light in draught and appearance. It can carry three patients in the recumbent position and is efficiently lighted and ventilated. It is furnished with all splints, bandages, tourniquets, &c., needed for the rendering of "first aid," as well as with the means of supplying stimulant if such be needed. The ambulance is under the direction of the Chief Constable (an enthusiastic ambulance authority) and is kept at the police headquarters, which is in telephonic communication with all parts of the district. When required it is sent out in charge of two police constables (specially expert ambulance men), a nurse accompanies it (from the hospital) if required, and a medical man can be picked up *en route* if necessary. There is also an arrangement whereby the use of the ambulance and the services of the

[1] Local Government Chronicle, Oct. 17th, 1896, p. 1005.

ambulance men may be procured on payment by private individuals for the removal of invalids to the railway stations, &c. The carriage is probably the most complete of its kind in the kingdom, embracing as it does all the latest improvements in equipment and design. As an example of enlightened public spirit you may deem this (in justice to the Blackpool corporation) worthy of record.

I am, Sirs, yours faithfully,

LEONARD MOLLOY, M.A., M.D. Dub.

Blackpool, Oct. 24th, 1896.

To the Editors of THE LANCET.

SIRS,—Your article on horse ambulances attached to English hospitals is instructive, especially as so few of these institutions appear to use them. May I extend your list by saying that the Wolverhampton and Staffordshire General Hospital has for the last three years had one in regular work, and it is becoming more and more appreciated.

I am, Sirs, faithfully yours,

Wolverhampton, Oct. 26th, 1896. T. VINCENT JACKSON.

"ULCERATIVE ENDOCARDITIS TREATED WITH ANTI-STREPTOCOCCIC SERUM."

To the Editors of THE LANCET.

SIRS,—It is always a delicate and often a hazardous matter to express doubts as to the diagnosis of a case which one has not personally examined; but the case reported in THE LANCET of Oct. 17th is of such great interest and importance that I hope Dr. Sainsbury will not be offended if I ask him to give us some additional particulars regarding it. That this method of treatment is likely to be of use in some cases of ulcerative endocarditis is, I think, not improbable; but I must confess I feel some doubt as to the exact nature of Dr. Sainsbury's case. The chief cardiac alterations which seem to have been present were a double murmur over the apex and great increase of the cardiac dulness, the increase being chiefly upwards, for it reached the first left interspace. It is, of course, sometimes extremely difficult to differentiate endocardial and pericardial murmurs, and dulness extending up to the first interspace and rapidly subsiding under treatment is more suggestive of pericardial effusion than of enlargement of the heart itself. It is difficult to explain the rapid subsidence of such extensive cardiac enlargement if it were due to ulcerative endocarditis. It is, of course, conceivable that the septic process in the heart might speedily subside under the anti-streptococcic treatment, but the damage to the valves which resulted from that septic process would probably remain; and if the valvular lesion remained the dilatation of the heart which it had produced (for I presume the cardiac dilatation would be chiefly due to the valvular defect rather than to changes in the cardiac muscle) would not be likely to subside in such a rapid manner. My object in writing this letter is not to imply that the diagnosis was wrong, but merely to suggest doubts which have occurred to my own mind and to ask Dr. Sainsbury (1) whether he is satisfied that pericarditis with effusion could be excluded; and (2) what was the condition of the valvular apparatus—(i.e., of the heart sounds) at the end of the treatment. He has omitted to mention this important point in his report.

I am, Sirs, yours very truly,

Oct. 26th, 1896. BYROM BRAMWELL.

"AN INVESTIGATION OF THE FRONTAL SINUSES IN 120 SKULLS FROM A SURGICAL ASPECT,

WITH CASES ILLUSTRATING METHODS OF TREATMENT OF DISEASE IN THIS SITUATION."

To the Editors of THE LANCET.

SIRS,—With reference to the above article, published in THE LANCET of Sept. 26th, I would like to say that I do not claim originality for the anatomical details contained therein. These and others had been published some five months before in the appendix to "Quain's Anatomy," which I had not seen until after commencing the above investigation. Professor Thane kindly lent me the frontal bones which he had used for the appendix and a number more, which I was able to study. My object was to point out those anatomical details which are of importance to the surgeon and to "more fully demonstrate facts to which attention has already been drawn," &c. (*vide* end of paragraph). As the anatomical facts are in "Quain's Appendix" I am sorry I did not mention it. I would also refer readers interested in the subject to Hartmann's and Zuckerkandl's work in this region.

I am, Sirs, yours faithfully,

HERBERT TILLEY, M.D. Lond.

Welbeck-street, Oct. 28th, 1896.

THE MEDICAL STAFFS OF COTTAGE HOSPITALS.

To the Editors of THE LANCET.

SIRS,—The question at issue between the staff of the Willesden Cottage Hospital and those who are seeking to reform its administrative system may be briefly stated as follows. The Willesden Cottage Hospital has nine beds and a staff of eight medical men selected from the general practitioners in the neighbourhood. The rules of the hospital require that all patients admitted shall be treated by one or other of the gentlemen who comprise the staff. Practitioners in the district not on the staff have therefore to transfer their patients who obtain admission to the hospital to the care of one who may without offence be described as a rival practitioner. It is hardly necessary to point out to medical men that the continuance of a system such as this is undesirable. As a remedy to the evils incident to this system the memorialists urge the expediency of allowing each medical man in the district personally to attend at the hospital such cases of his own as are deemed suitable and can secure admission. They point out that this is in accord with precedent and with the intention of the original promoters of the cottage hospital system. The staff, in a reply to the memorial concurrently presented to the hospital council object to the Willesden Cottage Hospital being looked upon as a cottage hospital at all and state that a hospital serving a population of 60,000 or 70,000 is rather to be compared to a hospital in a town with a like number of inhabitants. They contend that it is impracticable to permit sixty or seventy practitioners all to attend at a hospital with only nine beds. At the same time they are willing that paying patients should be admitted under the care of their regular medical attendant. This is all that is pertinent to the discussion which is now being waged through the medium of the local press; and it is unfortunate that the staff and the council should have misunderstood the spirit in which the demand for reform was conceived. In your annotation on the subject you fall foul of the memorialists over a sentence which you consider calculated to injure the profession in the eyes of the public. The sentence runs thus: "Now it may be fairly said of any ordinary practitioner that if he cannot attend his own patient [in hospital] he would prefer to confide such patient to the care of one who could not from his position, willingly or otherwise, become a competitor with him in private practice." Having had a hand in the drawing up of the memorial I am free to confess that the principle implied in the sentence might have been better expressed. Beyond this I can see no impropriety in publicly expressing what is rightly felt and acknowledged to be a desirable distinction in medical men holding a hospital appointment. The contention of the staff that the Willesden Cottage Hospital is a cottage hospital in name only, and that it is analogous to a hospital in a provincial town, shows a misconception of the conditions attaching to practice in Willesden. The district is served by the large London hospitals and the cottage hospital is merely a supplement to them to meet those cases which properly fall to the care of the general practitioner. The staff is composed of general practitioners, not consultants, and it is improbable that the staff would be willing to observe the restrictions which rightly pertain to consulting practice. The practical difficulties are such as are met by every nursing home, and a casualty staff elected in rotation from the local practitioners would obviate the necessity for a paid resident. Two blacks never make a white, and it matters not whether local precedent be with them or not the principle for which the memorialists contend is one which stands at the threshold of professional harmony in the working of charitable institutions.

I am, Sirs, yours faithfully,

Oct. 7th, 1896. WILLIAM BUTLER, M.B. Glasg.

*** We regret that this communication has been delayed in publication.—ED. L.

THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND MR. JAMES HARDIE.

To the Editors of THE LANCET.

SIRS,—While carefully avoiding any attempt to answer the replies of the committee of the Association of Fellows excepting by the use of uncomplimentary epithets and description, which are merely modes of begging the question, Mr. James Hardie makes one or two complaints which it is desirable to notice. He says that "the Council of the Association disregarded the anonymity of the *communiqué*." Mr. Hardie forgets that he published his article in the form of a letter to the Editors of THE LANCET on June 27th and attached the name of "James Hardie." The committee, therefore, concluded that Mr. Hardie did not wish to remain in obscurity. He expresses, also, his great surprise that the Association allowed his original communication to remain unanswered until it was reprinted and distributed by the Manchester Society of Fellows. This is readily explained. When the article first appeared it seemed to the committee so weak and so unlikely to influence anyone except in favour of the members that the committee thought it not worth while to take notice of it. To the great astonishment of the committee the article reappeared with the approval of a society numbering fifty Fellows for the purpose of preventing other Fellows from voting for the representation of the members on the Council. This necessitated a critical examination of the *brochure*, and as no point in the replies of the committee has been answered by Mr. Hardie it is evident that it is not the "loose and inconsequential document" which Mr. Hardie asserts it to be.

I am, Sirs, yours, &c.,

H. PERCY DUNN,
Hon. Secretary, Association of Fellows.

Wimpole-street, W., Oct. 28th, 1896.

"THE DIFFICULTY OF OBTAINING INFORMATION FROM THE GENERAL MEDICAL COUNCIL."

To the Editors of THE LANCET.

SIRS,—I am heartily glad to see by THE LANCET of Oct. 24th that practitioners have once more received the customary slap in the face from the General Medical Council. Mr. Stretton asks an ordinary question from the Registrar of the Council, and the Registrar refuses to answer it until the medical man pays him a fee of 2*s.* 6*d*. Whoever hears of a demand for filthy lucre from so eminently respectable persons as those composing the Council? When the Registrar makes such a request—evidently with the full concurrence of the General Medical Council—one can but express deep regret. It is not as if the Registrar were an honorary official, because the balance-sheet of the Council for 1895 shows the following items:—"Salaries and house expenses of the Council, £988; Salaries and house expenses of the English Branch Council, £659." I understand that our Registrar is paid about £900 a year, and this, too, out of the money which has been paid by us practitioners in registration fees. He is not only Registrar of the General, but also Registrar of the English Branch, Council. I would suggest that when these two offices become vacant that two medical practitioners, and not laymen, be appointed. We do not sufficiently hold on to our few privileges.

In 1891 I found that the Registrar sent a copy of the Medical Register to those first registered *provided* such practitioner made application "before the end of the year of publication." This is a monstrous rule. In that year I took occasion to designate it "clever jockeying"—a simple, honest term, which I was called upon to retract by the President and, I regret to add, by one of the present direct representatives. I need not add that I refused withdrawal, my reference being to this absurd rule and not to persons. However, one must not expect much else from the General Medical Council until we obtain more and thoroughly representative representation. I think every registered practitioner, nd, for that matter, any other person, should obtain replies from the Registrar without paying extra fees, and also that each practitioner should, on first registering, receive a copy of the Register free. He should also obtain a copy of the standing orders of the Council and of any rules which the Council may have made *re* "infamous conduct." I also think our Medical Register should be open during office-hours to the inspection of *any person* and free of all expense for such. Our Register is the only means by which the public can find out who is registered, and it is only fair that we should encourage them to inquire. In this important respect solicitors give our unbusinesslike Council a sharp lesson. By Section 6 of the Solicitors Act, 1888, it is enacted as follows: "The Roll of Solicitors shall during office hours be open to the inspection of *any person* without fee or reward." Not only should the General Medical Council encourage the public to know more of our Medical Register, but I would suggest that each medico-ethical society keep a copy of the Register, and also ask all their local public libraries to keep (or present yearly to such) the latest issue, and so encourage the public to know who are and who are not registered.

Thanking Mr. Stretton for having the courage of his opinion, and wishing that every practitioner would shake off his criminal apathy on these important practical suggestions,

I am, Sirs, yours truly,

Oct. 26th, 1896. ROBERT R. RENTOUL.

A WARNING.

To the Editors of THE LANCET.

SIRS,—I would warn the junior members of our profession against entering into contracts of a more or less binding nature to act as assistants to medical men at the Cape. It is the practice of certain men to pay the passage out of newly-qualified practitioners on the understanding that they will remain for three years at an appointed place, at the same time offering a salary which, though it sounds well in England, is miserably inadequate here, where a clerk in a store or a ganger on the line commands more favourable terms. The cost of living, it must be remembered, ranges from 50 to 100 per cent. more than at home, and many comforts are unprocurable. The assistant having arrived, knowing nothing of his principal, is perhaps unable to get on with him, or finds that he is some unpopular individual who wants an assistant to do all the work for him while he hides away, or the work is found to be far harder than he was led to expect. For the work is indeed hard in South Africa, where journeys of thirty, forty, or fifty miles on horseback are common under the blazing sun along tracks which cannot be safely traversed on horseback or over mountain paths which are locally described as only fit for baboons, and in the rainy season crossing the rivers at the flooded drifts. Should anyone resolve to come here, let him come with a free hand and look about for himself, and at all events he will be able to gain information as to the character, professional and personal, of the person who wishes to engage him, and to see that all the advantages of the bargain are not on one side only. The salary which is offered is about £80 per annum, with a yearly rise of, say, £20, while, as I before mentioned, a ganger on the railway line makes from £150 and an engine-driver much more. The low salary is not the only drawback. The young practitioner notices in one of the medical papers an advertisement calling for applications to fill an appointment here, he applies, is called upon to send in his testimonials, which must be of the best, and then he asks for particulars and receives a letter something after this style, and I have one such before me: "The appointment is in a rural part of the colony, amongst a good class of farmers. ..... There will be plenty of time for recreation, study, and reading." In this particular instance the assistant on arrival found that the only opportunity of study or recreation would have to be seized on horseback. A binding contract is entered into by which the assistant agrees not to practise within 100 miles of the village at the expiration of his agreement and to go to a branch practice if required so to do, and not to practise within the colony should the agreement be broken. I have known one man sent over 1000 miles inland to conduct such a practice, the employer reaping the benefit and the assistant receiving only a most miserable pittance, a system of sweating which will compare unfavourably with that of any trade. I have known one of these men engage at least six to eight assistants within a term of three years; it pays him well if

the men have not sufficient determination or money to enable them to obtain a release from their unfair engagement.

I am, Sirs, yours truly,

Cape Colony, Oct. 4th, 1893. M. D. AFRIKANDER.

RANSOM *v.* OD CHEM. CO.

To the Editors of THE LANCET.

SIRS,—Our attention has been called to a letter from Dr. W. B. Ransom published in your issue of the 12th Sept. which you (upon your own responsibility, as that gentleman's solicitors inform ours) affixed the heading "Commercial Immorality," and in connexion with which you published in the same issue a leading article containing similarly prejudiced and unfounded reflections upon the character and bona-fides of the Od Chem. Co. of New York who are the proprietors of the drug "Sanmetto." As the publication of comments of the kind in your influential paper is calculated to inflict considerable injury upon us we must ask you to give equal publicity to the following short statement of fact showing your strictures to be wholly undeserved and, having regard to the motto "audi alteram partem" with which your correspondence columns are prefaced, we feel confident that you will in fairness comply with our request.

It is a fact that we did actually receive in America in the month of April, 1895, a letter in the terms of the "objectionable" testimonial (with a slight immaterial variation). This document had been posted in Nottingham and had ostensibly been sent by Dr. W. B. Ransom, whose signature it purported to bear. We shall be happy to produce it for your inspection if desired. Suspecting nothing we embodied it in one of our published books of testimonials, our legal right to do which would, as your leading article admits, have been undoubted if the document had been genuine and authentic. It now appears from Dr. Ransom's repudiation of any knowledge of the document that we have been the victims of a wicked hoax, the responsibility for which we will do our best to trace. As soon as Dr. Ransom's disclaimer was communicated to our representative in London we gave an undertaking not to continue the publication of the purported testimonial, and on the 21st inst., upon the application coming before the vacation judge, we raised no opposition to its being granted. We may mention further that the indignation displayed in Dr. Ransom's letter, published by you on Sept. 12th, is no doubt to some extent explained by the fact that he had not then seen or heard of the document which formed our justification for publishing the testimonial. Under these circumstances we think you will now agree with us in regarding as altogether unjustified the statement that Dr. Ransom's name had been *deliberately* appended to words which he never used, as well as the other adverse comments in your leading article, and we rely upon your well-known spirit of fair play to relieve our reputation and character from the imputations cast upon us.

We do not desire to make any special reference to the terms in which your leader writer alludes to the drug "Sanmetto" beyond stating that in committing himself to a conclusion adverse to the merits of a drug of which he avowedly knows nothing he is placing himself in direct issue with the expressed opinions of a very large number of medical men of high standing in America as well as in the United Kingdom by whom it has been fully tested.

We are, Sirs, yours faithfully,

OD CHEM. CO.,

Oct. 21st, 1896. W. Kühlenthal, Manager.

*** As this matter is still *sub judice* we refrain from comment.—ED. L.

INOCULATIONS AGAINST CHOLERA.

To the Editors of THE LANCET.

SIRS,—In a pamphlet headed "Two Years of Anticholeraic Inoculations," addressed to the Calcutta corporation, Dr. W. J. Simpson makes a further contribution to our knowledge on this subject. The two years' record consists in part of the experiences of inoculations after M. Haffkine's method, which Dr. Simpson has previously reported,[1] and which were enumerated by M. Haffkine himself in his lecture to the Royal Colleges of Physicians of London and Surgeons of England in December of last year, and in part of the experience of a further year's inoculations in Calcutta. The value of the inoculations has been tested in Calcutta by keeping accurate record of all persons inoculated and of the houses they inhabit. The sanitary department has thus been able, on hearing of the occurrence of cholera in a house where inoculations have been performed, to institute strict inquiries as to the incidence of the disease among the inoculated and uninoculated inhabitants. Dr. Simpson's record is now of seventy-seven such houses invaded by cholera. In these there were 652 uninoculated individuals, among whom 82 were attacked and 71 died, and 402 inoculated, among whom 13 were attacked and 12 died. The mortality from cholera in these inoculated and uninoculated populations thus proved to be 2·9 per cent. and 10·8 per cent. respectively. These results, Dr. Simpson notes, have been checked in detail by M. Haffkine and by other observers. The cases are classified into three groups according to the time which elapsed in each case between inoculation and occurrence of cholera. 1. In houses where cholera occurred within the first four days there were 167 uninoculated who had 6 deaths (3·6 per cent.) and 3 attacks ending in recovery, and 259 inoculated who had 5 deaths (1·9 per cent.) and 1 attack with recovery. 2. In houses where cholera appeared in the next period—extending over a year—there lived 502 uninoculated with 42 deaths (8·4 per cent.) and 5 attacks ending in recovery, and 269 inoculated with 1 death. 3. In houses where cholera had occurred more than a year after the inoculation there were 283 uninoculated with 23 deaths (8·4 per cent.) and five attacks ending in recovery, and 96 inoculated who had 6 deaths (6·2 per cent.). Provisionally it may be inferred from these figures that protection has been afforded for a certain period (after the first four days) to the inoculated persons in Calcutta. Very little protection, however, has been shown in the case of those inoculated more than a year before their exposure to cholera infection. It is suggested that the reason of this failure is that five of the six individuals who died from cholera in spite of their inoculations more than a year previously had been injected with a weak "first vaccine" only—an explanation which was also advanced when inoculations among soldiers of the East Lancashire regiment failed to be protective in the Lucknow epidemic of 1894. Whether this be the true reason or whether it is that in the case of cholera (where we do not know accurately how far one attack protects against another) any inoculations after M. Haffkine's method are certain to afford at most a transient protection cannot at present be determined. Further information may be expected now that in all inoculations performed in Calcutta the use of the preliminary "first vaccine" has been discarded and the "second vaccine" is used directly in smaller doses. Different observations on the effect of these inoculations have had, almost without exception, a noteworthy feature in common. However much or little the inoculation may have seemed to protect against cholera attack, no corresponding protection has been afforded against fatal result. Dr. Simpson's records appear to give another example of this fact. Of the 82 uninoculated persons who contracted cholera 71 died, while of the 13 inoculated persons 12 died. If the protective value of the inoculations against attack is really considerable, this failure to modify the severity of the disease in inoculated persons is curiously at variance with all the laws which govern immunity from other diseases.

I am, Sirs, yours faithfully,

Oct. 25th, 1896. M.O.H.

[1] See the article on this subject in THE LANCET, Oct. 19th, 1895.

PROPOSED HOSPITAL FOR THE UNDERCLIFF, ISLE OF WIGHT.—Dr. Theodore Thomson, an inspector of the Local Government Board, held an inquiry at Ventnor on Oct. 22nd, as to an appeal by the island rural district council against the action of the island county council, who had arranged that the urban district of Ventnor and five rural parishes should be formed into a district to be styled the Undercliff Isolation Hospital District. The chief plaint of the rural council, as laid down in the evidence, was the loss of about £22,710 of their rateable value and the upset of a scheme for a central hospital for the entire rural district. Among those on the other side Dr. Whitehead, as representing the Ventnor Medical Sanitary Association, gave evidence in favour of the scheme of the county council. The association's points were that the area was not an arbitrary one devised for this purpose solely, and that it would conduce to the convenience of all concerned.

HOSPITAL ABUSE.

(BY OUR SPECIAL COMMISSIONER.)

III. ST. THOMAS'S HOSPITAL, LONDON.[1]

AT Plymouth and at Exeter it was pointed out that the precautions taken to prevent the abuse of the local hospitals often proved futile because the patients went up to London, where no serious effort was made to exclude them from the hospitals of the metropolis. It seems undeniable that much hospital abuse prevails in London. This is an old and standing grievance. Some thirty years ago a committee of medical men, presided over by Sir William Fergusson, sat and investigated the out-patient system. They then reported that "a quarter of the patients attending were able to pay a private doctor, one-half were able to join a provident dispensary, and a quarter should be referred to the Poor-law." Since the publication of this report some pretence at excluding unsuitable cases has been made at some of the London hospitals, but the precautions taken are far from effective. Nor does it seem likely that they will become effective while the present system of appealing for voluntary contributions continues. In these appeals statements are made as to the enormous number of patients seen and relieved. If a strict control was exercised the number of patients would be reduced and the force of the appeal made for charitable donations would lose some of its strength. It is difficult to see a way out of this dilemma. It would be scarcely possible to explain in an advertisement why the number of patients had been reduced; nor would the subscribing public understand the economic position of the medical profession which had rendered such a reduction necessary. The question of hospital abuse is inextricably involved with the question of raising the funds necessary for the maintenance of the hospitals. The abuse is one of the natural fruits of the voluntary system and might be utilised as a strong argument in favour of a hospital tax. Nevertheless, if the profession was organised and determined to act in the matter hospitals might be compelled to take effective measures. It would, however, be manifestly unfair to call upon one hospital to reduce the number of its patients at the risk of losing many of its subscribers. The reform must be applied simultaneously by most of the hospitals. The majority, if not every hospital, should set to work to exclude well-to-do patients. If this were done no invidious comparisons could be made, there would be no reason why the subscriptions to any one particular hospital should fall off, since a similar reduction in the number of patients would be noted all round. To bring about action along the whole line the medical profession must show a united front, and before this end can be attained there is a great work of organisation to be accomplished.

Though in the country the complaints made were directed against the London hospitals in general, St. Thomas's Hospital was more particularly specified, especially with regard to the paying wards of that hospital. Nor is this complaint limited to the country towns I have visited. It finds its echo in London itself. There is hardly a consulting surgeon in London who could not testify that he has lost patients through their going to the paying wards or home at St. Thomas's Hospital. Yet on my calling upon the steward of this hospital he expressed the opinion that there was very little abuse. It must at the same time in fairness be stated that the steward is new to his post and has not yet had time to acquire much experience on the subject. With regard to the out-patients, the steward explained that they were carefully examined before admittance by two resident physicians. These resident physicians decided, first, whether, from a clinical point of view, the patient should be received; secondly, to which consulting surgeon or physician the case should be referred; and, thirdly, whether the applicant was too poor to pay for private medical treatment. In respect to the first two conditions naturally the resident physicians are fully equal to their task, but doubt arises with regard to the third question. Such doubt is all the more legitimate, as, after all, it forms no part of medical training to be able to tell at a glance or to ascertain by skilful cross-questioning what are the financial means of the out-patients. This is a work that could better be accomplished by a barrister, a solicitor, a police detective, or a well-trained official of the Charity Organisation Society. It is no disparagement whatsoever to say that resident physicians are likely to devote themselves to the medical rather than to the economical aspects of the cases. On the other hand, the steward urged that as resident physicians at St. Thomas's Hospital are appointed for three years they have ample opportunity of becoming well acquainted with the out-patients. Then as the number of new cases are limited to about twenty per day for each consultant there should be time to make inquiries. When the resident physician thinks that an applicant can afford to pay he sends him to the steward and the latter makes fuller inquiries. For instance, the steward will ask for the name and address of the applicant's employer and ascertain from the latter what are the patient's means. But it appears that very few cases are thus referred to the steward, and in many instances the resident physicians are mistaken, and on further investigation it is proved that the applicant is, on the contrary, a suitable person for the receipt of the hospital charity.

That such mistakes should be committed is only natural, for this class of patients have generally been under the care of an ordinary practitioner for some time. Such persons arrive at the hospital with a clear conscience. They may have been told by their medical advisers that they had better go to the hospital. They have struggled with adversity. They have legally paid for medical advice so long as their means allowed. Why, then, should they assume any sort of disguise? They have nothing to make them ashamed, so they do not put on an extra shabby coat. They consequently have the appearance and the tone of what they have been—that is to say, of persons who could afford to pay a medical man. The resident physicians, therefore, notice this class of applicants and refer them to the steward. The latter soon ascertains their true position and sends them back again to receive the medical treatment they require. On the other hand, those patients who can afford to pay, and who, though well aware that they have no right to profit by a charity, are determined to avoid paying by going to a hospital, take very good care that their appearance shall not excite suspicion. They are sufficiently crafty to drop an "h" or two and to use some common expressions in their answers to questions. They know that they will have to deal with physicians and not with detectives, that the examining physician will naturally take much more interest in their complaint than in their financial position, and they make the best, or perhaps I should say the worst, of their symptoms so as to render their case as interesting as possible.

When, however, in spite of the arts and deceptions that are so extensively employed, it is ascertained that a patient is not so poor as he would make believe he is told that he must go to the paying ward if it is necessary that he should be admitted as an in-patient. Here he must pay £1 1s. per week, a sum which, it is stated, "barely covers the cost of food and treatment," and will not therefore entitle the patient to diet or treatment differing in any way from that given to non-paying patients. Admission to these paying wards, it is further stated, depends upon the suitableness of the cases applying and the number of empty beds at the disposal of the authorities. Then the patient must fill up a form of application, in which he states his name, age, occupation, whether married or single, his residence, and with whom he is residing. The most important question, it will be seen, is left out, for he is not asked for any explanation with regard to his income. When the patient lives at a distance and cannot attend personally for examination previously to admission to the hospital he is requested to send a medical certificate. This certificate must give the name of the patient, a full description of the disease, how long ill and whether the patient has been treated in any other hospital, and if so when and where. Here, again, we find no mention made of the applicant's financial position. The only really strict surveillance that is exercised bears upon the medical suitability of the cases. Tickets and recommendations are of little or no use if the case is not considered suitable from the medical or surgical point of view. All that is required is that similar severity should be shown towards applicants whose cases are not suitable from the financial point of view. There are unfortunately any number of witnesses to prove that this is not done. A few of the

[1] The previous articles on this subject were published in THE LANCET on the following dates: (1) Sept. 26th, 1896, Plymouth and Devonport; (2) Oct. 10th, 1896, Exeter; (2 *continued*) Oct. 17th, 1896, Exeter.

cases of abuse that have been related to me will suffice to illustrate this fact. For instance, a farmer asked his medical attendant to operate on him for fistula and ascertained that the fee would be five guineas. The farmer objected to pay this sum and forthwith went to St. Thomas's Hospital, where he was operated on for nothing. He subsequently sold his farm for more than £5000. A grocer had a compound fracture of the knee. During the whole time that he was being treated at the hospital he received £6 6s. a week from an accident insurance company. A boy was suffering from hernia. His family were in the habit of consulting a well-known London surgeon, to whom they paid good fees. The surgeon, however, happened to be out of town at the time, so the boy was sent to St. Thomas's Hospital, where he was operated on for nothing.

In the home attached to the hospital operations are also constantly performed for nothing on persons who can well afford to pay. It is true that lately the patients have been called upon to sign a declaration stating that they cannot afford to pay the surgeon's fee, but it is astonishing with what cheerfulness patients will sign these declarations without any regard to their truthfulness. They seem to think that if they pay the guinea for the administration of chloroform, the guinea for the surgeon's assistant, and the three guineas a week for their maintenance, they have given quite enough and need not pay the surgeon anything at all. It does not occur to these persons that if they pay only three guineas a week it is because they are living rent free. St. Thomas's Home pays its own expenses and even yields a profit, but this is only due to the fact that the building is part of the hospital and is occupied rent free. Therefore, even the home, so far as the rent is concerned, must be considered as a charity, and, therefore, should only be accessible to those who are at least, comparatively speaking, in needy circumstances. Instead of a charity, however, the home has degenerated into a sort of hotel business. It is advertised extensively all over the world and especially in the colonies, and in consequence of its lax administration the idea is spreading that it is not necessary to pay for operations. Patients who have previously paid large fees—perhaps £40 or even £100—come to St. Thomas's Home to be operated on for nothing. A case was described to me of a patient who came to be operated on for cancer and paid a good fee to the surgeon. This person, however, noticed that many of her fellow patients did not pay at all, and as she had to return subsequently for a second operation she determined to follow their example. On her second visit to the Home she refused to call in and pay her own surgeon and demanded to be operated on gratuitously by the resident medical officer. In this it will be seen that the interests of the Home and the interests of the profession clash. It does not make any difference financially to the Home whether the patient calls in a surgeon from the outside and pays him or avails himself of the gratuitous services of the resident medical officer. The profits are derived from the three guineas a week paid for maintenance, and the interest of the home is to have as many paying patients as possible. It would be an act of sheer altruism to send a paying patient away because he could afford to call in an outside surgeon and refused to do so. In business matters we cannot expect to find such altruism, and the great complaint against the Home is that it has degenerated into a business. The principal qualification for admittance is the payment of the three guineas a week. Thus, some time ago a patient died from phthisis. On these terms he had been in the Home for more than three months, and yet when his will was proved it was shown that he was worth more than £4000 a year. Another case was also mentioned to me of a retired colonel who goes periodically to the Home to, as he puts it, "refit." If these persons wish to be nursed in a home there are plenty of homes that are not based on a charity. The charges are higher because they include the payment of rent, but rich people have no right to live rent free. The exemption from rent is intended as a charity to help those who are in difficulties.

St. Thomas's Hospital has now, however, acquired such a reputation for taking in wealthy persons that sometimes people in very good position present themselves as out-patients and then ask for the medical man's private address. These people commence first by obtaining a gratuitous consultation, to which they are in no wise entitled, then they explain that it is too much trouble to wait their turn among the out-patients and in future propose to visit the physician at his private house. Or else they say they did not know where to go and came to the hospital merely to make an acquaintance with a medical man with a view to subsequently becoming his private patient. The medical staff, however, very justly refuses to lend itself to these manœuvres and protest that they do not go to the hospital so as to make a private practice. After all, the only real check that keeps a good many rich out-patients away from the hospital is the length of time they have to wait before it is their turn to see the medical man. On some occasions it is necessary to come in the morning and wait till late in the afternoon. But this matter of waiting greatly aggravates the injury done to the poor by the well-to-do who go to the hospital. A person who ought to pay for his own medical man gains admittance. The consultation may take, let us say, fifteen minutes and there may be fifty or sixty persons outside waiting their turn. This person to save a half-crown fee has robbed fifty or sixty persons of fifteen minutes of their time. Collectively, he has robbed the poor of some twelve hours of their time. If we estimate this time at the "docker's tanner" this well-to-do out-patient has not only robbed the profession of the 2s. 6d. minimum fee he ought to pay, but he has robbed the poor of time to the value of 6s. This is a practical view of an ethical question that is too often overlooked. The person who trespasses on a hospital charity must remember that he is not only defrauding the medical profession, but that he is robbing the poor of their time as well as of the charity which was intended solely for them.

THE THIRD INTERNATIONAL CONGRESS FOR THE PROTECTION OF INFANTS.

(FROM OUR SPECIAL CORRESPONDENT.)

(*Concluded from p. 1191.*)

As I have said, the hygienic aspect of the protection of infants preponderated in the programme; but to secure the application of hygiene so directed the deliverance of the child from unworthy parents and the subjection to proper surveillance necessarily came first. The Roussel law, therefore, was expressly adopted for extension to all countries represented at the Congress, and its provisions were elucidated with power and cogency, first, on the legislative side, by Signor Minelli and Signor Conti, and, secondly, on the medical side, by Dr. Giovanni Berti and Dr. Alfonso Nasi. A general discussion on the lines indicated by these gentlemen ensued, and was finally wound up by the Congress unanimously approving the dispatch of a telegram to M. Roussel congratulating him on the step taken towards the universal adoption of his beneficial law.

Minor business followed in the shape of suggestions for the training of the child and for the greater stringency of penalties to be enforced against parents neglecting or abandoning their offspring, after which there were received from the King and Queen of Italy replies to telegrams announcing to their Majesties the opening of the Congress—replies couched in language of the warmest sympathy with its object. After this the proceedings took a distinctly hygienic turn, the "Miglioramento Fisico dell' Infanzia" being the subject specially introduced. The Cavaliere Mondelli and Professor Celoni spoke effectively on the diseases of infancy, on the necessity of "Spedali Pediatrici," and on what pædiatry could achieve for the physical rehabilitation of the child. In logical sequence came the proposal (approved by the Congress) to accustom parents to confide their ailing children to the institutions locally provided for their care and cure—a proposal strengthened by consideration of the adverse conditions in which the agricultural poor are condemned to struggle when illness overtakes the family, from its head to its youngest members. This led to an important discussion on the Mortality of Childhood—a fearful page in Italy's social statistics—for the minimising of which the intervention of the "medico-pediatra" (medically trained orthopædist) was invoked for the regular and vigilant surveillance of school-children, particularly before their division into classes, and also for the distribution of child labour in the factories where suitable employment had been found. A further development of the subject took note of the limits within which hygienic surveillance should be exercised over the child in successive periods of development, physical and mental, as coinciding with the successive

stages of employment, industrial or wage-earning. This closed an interesting day's proceedings, the programme next day including a round of visits to the various "Istituti di Beneficenza per l'Infanzia," in which Florence is exceptionally rich.

Accommodated in a long train of carriages, the Congressisti began their "giro" (round) and alighted first at the "Dispensario Celoni," founded in 1888 by the Marchesa Alfieri di Sostegno (*née* Contessa Benso di Cavour). This is a well-organised infirmary for sick children conducted by Professor Celoni, assisted by the Sisters of the Buon Soccorso, medical treatment and sustenance being gratuitously provided till the little sufferer is cured or relieved. From this a move was made to the "Istituto Maria Vittoria," the philanthropic creation of the Duke Emanuele Filiberto of Savoy, ably seconded by the principal Tuscan families and a working staff, voluntary as well as official, which includes some of the most distinguished names in Florence. It specially takes charge of the children of poor artisans, from those at the breast up to those not yet old enough to be admitted to other asylums. Nothing impressed the visitors more than the fine *locale*, the appointments for every requisite of comfort or convenience, and the scrupulous attention—"proprio Inglese" (quite English)—to sanitation and hygiene. After the "Istituto Maria Vittoria" came the "Casa dei Minorenni Corrigendi," with its 190 boys employed in various crafts—shoemaking and such-like up to lithography, in which latter the director, Signor Angiolo Spoti, was congratulated on the truly artistic work of his pupils. The "Casa" has an infirmary, which was in due course visited and found to be in efficient order under its staff of medical men, Dr. Capei, Dr. Targioni, Dr. Giuntoli, and Dr. Prosperi. The only exception taken was to the dormitories in the "Casa di Patronato," eminently "un-English" for the restricted space (less than half that prescribed by hygiene) for each inmate. Next on the list was the "Scuole Leopoldine," in which young girls just emerging from childhood are trained in design. Their work, particularly in embroidery, was highly praised by the visitors, who subsequently proceeded to the famous "Bigallo"—so much admired for its art treasures by Queen Victoria—an institution dating from early mediæval times, now harbouring a numerous contingent of abandoned children on whom every attention is bestowed by the well-organised management.

In the afternoon the interesting round was resumed, beginning with the "Istituto Vittorio Emanuele pei Fanciulli Ciechi" (for blind children)—quite a model institution for elegance, brightness, and general comfort and efficiency. Bath-rooms, kitchen, refectory, dormitories, pharmaceutical dispensary, schoolrooms, and music-halls elicited in succession the admiration of the Congressisti, who had the further pleasure of listening to the wonderfully effective performance of the blind little girl, Angiolina Nistri, whose mastery of the violoncello would have done credit to artists three times her age. The "Istituto di San Silvestro," with its 180 female children; the "Spedaletto Meyer," due to the munificence of the Marchese Montagliari; the "Istituto Nazionale per gli Orfani dei Marinai" (sailors' orphans); the "Orfanotrofio Femminile Evangelico"; and, second to none in brightness and efficiency, the "Asilo Professionale Evangelico," under Dr. Giuseppe Comandi, all evoked the approval and the cordial admiration of the visitors, who, by this time somewhat fatigued by the long series of inspections, were welcomed by the Baron Scander Levi to a sumptuous repast given in the Pia Casa di Lavoro. The institution itself, an industrial centre pleasantly and profitably familiar to all English-speaking residents in Florence, not less laudable in its own way than those already passed in review, now presented an animated and brilliant spectacle as the banqueters, on the cloth being removed, listened to the various orators, Italian and foreign, as they proposed or acknowledged the several toasts. The host, himself the founder of the "Alleanza Universale per l'Infanzia," came in for special honours, after which the boys and girls of the Pia Casa gave a beautifully rendered cantata, which closed the day's proceedings.

The concluding incidents of the Congress were chiefly noteworthy for two important discussions, one introduced by the engineer, Signor Papini, and the other by Professor Celoni. Signor Papini enlarged on the need for the intellectual training of the child in accordance with physical development and general aptitude; while Professor Celoni followed up these recommendations with special proposals for encouraging and promoting that education. Theoretical and practical in their tenor, these papers evoked a discussion in effective reinforcement of their several positions and formed a worthy conclusion to the programme. A long conversation ensued as to the time and place of meeting of the next International Congress, and ultimately it was decided that the former should be in 1899 and the latter at Budapest. After this the Congress rose, to enjoy, before leaving Florence, an excursion to the "jewel of Etruscan Apennine," Fiesole, with its profoundly interesting excavations and its incomparable panorama.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The David Lewis Trust.

IT may, perhaps, be remembered that some time ago the David Lewis Trustees offered a sum of £70,000 to St. Mary's Hospital and the Southern Hospital for the building of a new hospital, in which both these charities should be merged. The name of St. Mary's was to be retained, coupled in some way with that of David Lewis, and the medical staffs were to be amalgamated. A site of some two acres was offered gratuitously in Stanley-grove, not far from Owens College. A hospital of 200 beds was to be built there at a cost of £60,000, leaving £10,000 for remodelling the present hospital in Quay-street so as to keep it for emergency cases and for an out-patient's department, while the combined existing funds of the two hospitals, estimated at about £101,000, would have remained as an endowment. The scheme was accepted on the part of the Southern Hospital, but difficulties have been raised by the managers of St. Mary's which bid fair to wreck the whole scheme. They object strongly to couple the name of St. Mary's Hospital with that of David Lewis, and it is not easy to imagine an appropriate and euphonious combination of the names St. Mary and David Lewis; still, it may not perhaps surpass the wit of man. But as the *Manchester Guardian* says, it is nothing to them that the old name is to be retained in full, "any addition is to be regarded as anathema." They object, also, to the site as being too far from the populous districts of Manchester and Salford. Thirdly, they object to the proposal that a small proportion of beds shall be under the control of the professors of the Owens College—a *quid pro quo* no doubt for the site. This may turn out to be the crux of the matter, and the conditions imposed by the college authorities may be such as would destroy the independence of the older institution. The same difficulty has arisen in discussing schemes for closer union between the college and other hospitals—to wit, the Infirmary and the Ear Institution. But surely these differences could be overcome by the exercise of a little of the "sweet reasonableness" possessed in abundance by both bodies. Whether the writer of the article in the *Guardian* has much of this quality seems doubtful, for he waxes angry and sarcastic: "We had hoped that the insane jealousy felt by a portion of the medical profession in Manchester of the Owens College Medical School—the great and invaluable means of education amongst us—was dying out, but it would appear still to linger in some eminent breasts." This scarcely represents the feeling of the profession, which is proud of the Owens College and the medical school, although it is felt that in negotiations with other institutions the college is apt to be a little too phagocytic. Some four months ago the trustees stated that unless their proposals were accepted, subject only to minor modifications, within a stated period the proffered grant must be withdrawn and applied to some other purpose. That time has now expired, but the decision of the trustees is not yet made public. It will be a misfortune to Manchester if some *modus vivendi* cannot even yet be devised.

The Sanitary Association and Carbolic Acid.

Perhaps a little tardily, but "better late than never," the Manchester and Salford Sanitary Association has added its voice to those already raised against the indiscriminate sale of carbolic acid and has sent a memorial to the Home Secretary. It prays that "the open sale of the crude liquid commonly supplied as carbolic acid should be prohibited, and that this substance should be placed on the list of poisons of which the sale is restricted by law. The importance attached by the public to the supposed germicidal properties of carbolic acid has led to its almost universal use

in households in order to counteract the effect of bad smells. In the houses of the working classes it is kept in bottles and other vessels usually used for harmless fluids and beverages, the consequence being that accidental poisoning is of common occurrence, a large number of the victims being children." It states further that it "heads the lists" of poisons used for suicidal purposes. "In England and Wales between 1885 and 1894 no less than 683 persons killed themselves with it." The next poison accounts for 565, and all other poisons used for suicide are a long way behind. "Between 1888 and 1894 the total number of deaths in England and Wales from carbolic acid reached 972, or nearly 100 per annum." From 1885 to 1889 the deaths averaged 71, and from 1890 to 1894 inclusive the number was 618, or nearly 124 per annum. "The year 1894 showed the appalling number of 201 deaths from carbolic acid." The case for restriction is rapidly growing in strength.

Legacies to Charities.

It has just been announced that Mr. James Holden of High Birch, Marland, Rochdale, who died in April last, left by will large sums of money to charitable institutions. The following are the legacies under his will: Ashton Infirmary, £2000; Asylum for the Blind, Old Trafford, Manchester, £2000; Crossley's Orphanage, Halifax, £2000; Manchester Royal Infirmary, £2000; Northern Counties Hospital for Incurables, £2000; Rochdale Infirmary, £2000: Royal Albert Asylum, Lancaster, £2000; Stockport Infirmary, £2000; Heywood Infirmary, £1000; National Society for the Prevention of Cruelty to Children, £1000; and Royal Society for Prevention of Cruelty to Animals, £1000.

Cyclists' Parade.

The cyclists of Manchester and Salford have recently been amusing themselves and benefiting the Royal Infirmary by holding two cycle parades. One took place on the 10th inst., but it was so seriously interfered with by bad weather that it was repeated on the following Saturday. The procession was headed by mounted police and a band of music and starting from the Salford racecourse went through parts of both towns to the Botanical Gardens at Old Trafford. "The varied costumes of the cyclists and the elaborate and tasteful decorations of the cycles, upon many of which were arranged lamps and Chinese lanterns, formed a most effective display." The streets were lined with spectators and at the gardens songs, recitations, and a gymnastic display were given in the concert-room. About 9 P.M. the Mayor of Salford distributed prizes for the best and neatest costumes, &c. It was unfortunate that on both occasions all this charitable merrymaking should have been marred by drenching rain. The public paid for admission to the racecourse and the gardens, collections were made along the route, and various subscriptions have been given. At a business meeting held on the 22nd it was stated that after payment of all expenses the organisers of the parade confidently anticipate that they will be able to hand over £400 at least to the infirmary.

The Sanitary Committee and its Lodging-house Scheme.

The Sanitary Committee and indeed the City Council are inundated with advice and expostulations of the most varied complexion on the subject of municipal dwellings. Some say "build cottages, self-contained, but no more barracks such as those in Oldham-road and Pollard-street," though, by the way, these so-called barracks are said to be fully occupied. Model lodging-houses are objected to because—so objectors urge—they will be made use of by tramps. Some say, moreover, that the city ought not to compete with those who are now carrying on the business respectably. In a city such as this there are numbers of single working-men—not tramps—who are compelled to live in lodgings and who say that the common lodging-houses are almost unbearable. These would welcome the possibility of getting decent respectable lodgings. The cry is that the building of model lodging-houses should be left to private enterprise. This the corporation would be only too glad to do, but apparently there is no private enterprise as regards this undertaking, just as there was none when the Oldham-road unhealthy area was cleared to relieve the corporation from the necessity of providing dwellings for those who had been displaced. There is one point as to which all those who are clamouring for various contradictory schemes are agreed, namely, that there shall be no increase in the rates, though this must necessarily follow if any of their plans are adopted.

Oct. 27th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

The Scottish Medical and Surgical Journal.

IT has already been mentioned here that a movement was on foot to start a new medical journal in Scotland. The journals which have been in existence hitherto have been largely local in character. The aim of the new journal, which is to be called the *Scottish Medical and Surgical Journal*, is to be more representative and to contain work from all parts of Scotland. The journal is to be entirely in the hands of the profession, and is to be published under the direction of a very strong committee. Dr. William Russell, Edinburgh, has been appointed editor, and he is assisted by correspondents in Glasgow, Aberdeen, and Dundee. The prospectus of the journal is being sent out, and contains a large and influential list of promoters and supporters. The Scottish idea seems to have been very popular, judging from the active and widespread support given to the scheme in Edinburgh, Aberdeen, and Dundee. The new journal may probably not only focus Scottish work, but act as a considerable stimulus to production and to the publication of valuable work, a good deal of which is meanwhile practically lost.

Edinburgh Royal Medical Society.

On Friday of last week this society was opened for the winter session by an address from Professor Crum Brown in which he dealt with some of the features of the medical profession and the different ways in which admission was obtained to it from the earlier times down to the present time. Referring to examinations, he regarded them as a necessary evil and expressed the wish that students were sufficiently at home in their work to make the oral examination easier to both parties than it sometimes was.

The Edinburgh Health Lectures.

The Edinburgh Health Society have once more arranged for a course of health lectures during the winter. The course opens on Saturday with a lecture from Emeritus Professor Struthers on the "Frame-work of the Human Body."

The Crichton Royal Asylum, Dumfries.

A movement is on foot to have the governing body of this important institution re-constructed in the direction of widening the representative element on the board. It is also proposed to add largely to the buildings and to considerably modify some of those at present existing. The aim is to make it one of the best equipped institutions in the kingdom.

The Health of Edinburgh.

The public health committee of the city of Edinburgh have submitted a report of their work for the year ending May, 1896. Bailie Pollard, who prepared the report, explains at the outset that although it has not been the practice of committees of the town council to report in detail on their operations, the work of the public health committee has become so extensive and is of such interest to citizens that it has been deemed advisable to institute the preparing of an annual report in which a clear account of their work should be given. The public health committee was instituted twenty-four years ago, and at first their work proceeded rather slowly, the annual expenditure seldom exceeding £3000. Since that time the committee has undertaken the care of fever patients and the prevention of infectious disease, as well as the supervision of everything which has to do with the health of the community, with the result that last year their expenditure was £20,159. The rate of mortality in the city, as shown by the report, has greatly diminished during the last thirty years. For the five years from 1864 to 1868 the mortality was 27·40, whereas in the latter half of 1895 and the first half of 1896 the mortality was 15·53 per 1000; or, in other words, thirty years ago, with a population of 175,015 persons, there died annually 4805; while last year, with an increase of 101,499 in the population, there died only 4271 persons. The report goes on to describe the great precautions taken to prevent the sale of unsound meat in the city and states that recently the number of cases of prosecution for the sale of diseased meat has been diminishing. A great deal has been done by the committee in recent years in making improvements in some of the overcrowded and insanitary slums of the city, and that the condition of these

places has in consequence greatly improved is testified to by the police staff. The committee also carries on a regular inspection of workshops, bakehouses, dairies, and byres. Since 1885 all cases of typhus fever, typhoid fever, diphtheria, small-pox, scarlet fever, and measles have been notified to the Public Health Department, and a fee of 2*s.* 6*d.* is allowed to practitioners for each case notified to the department. Last year these fees amounted to £1296 12*s.* 6*d.* As regards the City Hospital the committee report that public confidence in this institution is steadily increasing, as is shown by the larger proportion of cases of infectious disease that is being sent to the hospital for treatment. The expenses of the hospital for the year amounted to £13,899, the total cost of each bed occupied being £46. The average number of beds occupied was 302. The nursing staff consists of 64 nurses besides wardmaids and cleaners. The necessity for larger accommodation for cases of infectious disease has gradually become apparent to the department, in consequence of which last year the town council purchased at the price of £20,500 the lands of Colinton Mains, an extent of about 130 acres, where a new isolation hospital is to be erected.

Glasgow University.

Some months ago the Bellahouston Trustees promised to the University a donation of £12,500 towards the foundation of an engineering laboratory provided that a similar sum was obtained by private subscriptions or otherwise. To fulfil this condition a committee was formed, and it is now intimated that nearly the whole of the sum required has been raised so that the erection of the new laboratory will be commenced in the coming spring. The Glasgow chair is the oldest chair of engineering in this country, and this fact, and the large practical applications of engineering science which the industries of the city present, make the constitution of a well-equipped laboratory in the University very appropriate. The University court has commissioned Professor Barr to submit plans for an installation of electric light in the Bute and Randolph Halls.

Glasgow Cancer Hospital.

The formal opening of the new hospital took place on the 22nd inst., the ceremony being performed by her Grace the Duchess of Montrose. The in-door accommodation provides for the reception of thirty-three patients, and ample provision has been secured for operating theatre, pathological laboratory, &c. The hospital is also provided with the electric light and other modern conveniences. The old building is to be utilised as a "home of peace" for cancerous patients for whom palliative treatment alone is possible. Dr. Beatson, surgeon to the hospital, in an address delivered at the opening ceremony, referred to the fact that exception had been taken to the establishment of such an institution. He knew that many members of the profession objected to it, but his experience during the last three years had convinced him of the necessity for its existence. Cases unsuitable for admission to a general hospital could be and were admitted, and there was no necessity for discharging cases unsuitable for operation. At the same time the special pathological experience accumulated in such a hospital would be a contribution to the elucidation of the problem of the true nature of cancer. Dr. Beatson's address will scarcely modify the opinions of the members of the profession to whom he alludes. It is an open secret that the Faculty declined to send representatives to the board of management, and that the profession generally has been opposed to the establishment of the hospital. The history of the institution has not been a fortunate one, but the hostile opinion is not based upon personal grounds—the professional position of the present members of the staff is quite beyond dispute—but upon the view that the hospital is unnecessary. It is contended that cancer is in no sense a specialty, but that it lies within the ordinary area of the general surgeon, and that its pathological investigation may be pursued in the laboratories of our general hospitals. To say that patients are received into the Cancer Hospital who have been refused admission to the general hospitals and are allowed to remain as in-patients as long as they wish to do so may be a very good reason for providing a home in which such patients may be cared for, but is no justification of the expense of a complete hospital equipment when this provision already exists in the general hospitals. And an institution claiming to be a cancer hospital is likely to some extent to divert patients from the general hospitals, and therefore to lessen the chances of clinical instruction there provided. As cancer calls neither for special diagnostic methods nor special operative training, it seems unnecessary that a special hospital should be provided for its treatment.

Glasgow Veterinary College.

The opening address of the winter session of the college was delivered on the 23rd inst. by Mr. Cowan Lees, M.B. Glasg., who gave an address on Recent Advances in Medicine. In connexion with the subject of tuberculosis he advocated the appointment of qualified veterinary surgeons to act as inspectors of meat offered for human food and also to visit dairy farms, with power to order the destruction of all animals giving evidence of tubercle.

Glasgow Microscopical Society.

At the first meeting of the session, held on the 20th inst., an address was delivered by Professor Young, of the Glasgow University, on the Struggle for Existence. The chair was taken by Mr. J. Rankin, B.Sc.

St. Mungo's College, Glasgow.

The session in the faculty of medicine at St. Mungo's College was opened on the 21st inst. by Professor M. Laurie, D.Sc., who addressed the students on the Position of Non-Professional Science in Medical Education. Professor Laurie advocated the devotion of the first year of study to the prosecution of the natural sciences, such training being, he considered, one of the best to secure the development of the faculties of observation and reasoning on which so much of the medical practitioner's success depends.

St. Andrews University.

Miss Alice Umpherston, L.R.C.P. Edin., the recently appointed lecturer on physiology in the St. Andrews University, delivered her introductory lecture on the 21st inst. The subject of the lecture was the Physical Basis of Life, and there was a large attendance.—The freedom of the city has been conferred on the Marquis of Bute, Lord Rector of the University, and upon Mr. Chas. Henry Gatty, LL.D., who recently presented a marine laboratory to the University.

Glasgow Samaritan Hospital.

The directors of the Glasgow Samaritan Hospital having decided to give opportunities for clinical instruction in the new hospital recently opened, some members of the medical staff have arranged to give short courses of lectures during the winter session of the University—on such subjects as the special anatomy of the female, minor surgical procedure, methods of diagnosis, menstrual disorders, endometritis, the perineum, uterine displacements, &c. Advanced students who take out this course are also to be admitted under proper regulations to the ward visits of the staff and the operations and to the dispensary for out-patients.

Aberdeen University: Students' Union.

The bazaar for the endowment of the union has been very successful. It was opened on the first day by the Marquis of Huntly, Lord Rector, on the second day by the Earl of Erroll, and on the third day by Captain Pirie, M.P. for North Aberdeen. The total takings, including donations, amount in round figures to £1550. The net proceeds will be about £1200.

Aberdeen University: Classes on Agriculture.

These classes were opened last week by a lecture on the Relation of Science to Agriculture delivered by Mr. J. Hendrick, F.I.C., B.Sc.

The Health of Aberdeen.

Scarlet fever and measles are both on the increase in the city. Of the former fifty-seven fresh cases and of the latter forty-four were reported to the medical officer of health in the course of last week. Dr. Matthew Hay, medical superintendent of the City Hospital, reported on the 13th inst. that in August and September nearly as many patients had been admitted as are usually admitted in the course of a whole year. On Sept. 30th there were 321 patients in the hospital, a number greatly in excess of that which the hospital is intended to accommodate, but, added Dr. Hay, the work of the hospital had gone on fairly smoothly.

Oct. 28th.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

Honorary Degrees at the Royal University.

AT the meeting for the conference of degrees on Oct. 23rd the Vice-Chancellor announced that honorary degrees had been conferred on two distinguished medical men of Dublin—Dr. Thomas More Madden, the obstetric physician to the Mater Misericordiæ Hospital, and Sir Charles Cameron, the Chief Officer of Public Health for the City.

The General Secretary of the Royal Academy of Medicine.

The date of the election to this post has been fixed for Friday, Oct. 30th, and as the day approaches the interest in the contest increases. The ballot papers contain the names of four candidates—Mr. Arthur Chance, Dr. Richard A. Hayes, Mr. A. N. Montgomery, and Dr. J. B. Story. A special memorandum has also been circulated as follows:—

> After the signing of the minutes the President will put to the Fellows the question whether they desire that the election of General Secretary should be decided by a single ballot or by a succession of ballots, on the principle followed in Local Government elections.
> W. THOMSON, General Secretary.

The suggested changes in the mode of election have caused much comment.

The Sanitary State of Belfast.

At a special meeting of the city corporation, held on Oct. 22nd, to consider the report of the special committee appointed to inquire into the causes of the high death-rate of the city, it was decided to adjourn until Nov. 4th, on the ground that the members of the corporation had not had time to consider the report. It is most unfortunate that an extremely strong personal feeling seems to exist amongst the members of the city council on the matter. Alderman Graham, M.D.R.U.I., chairman of the Public Health Committee, has published a communication intended as a reply to the report of the special committee, showing what has been done during his term of office as chairman. He states that the system of free cleansing of the ashpits was inaugurated in 1892, and that since 1890 by-laws have been carried governing the construction of new buildings in Belfast which have effected a revolution in the sanitary condition of new houses. Since 1890 drain testing has been done. In reference to the question of infectious disease, Alderman Graham points out that in 1894 a case of small-pox occurred in Dublin, and notwithstanding that the sanitary staff there is more than double as large as it is in Belfast, and that they spend more than double the amount on staff expenses, the disease spread to such an extent that 192 people died and it cost Dublin £20,000 and 1511 people were treated for the disease. During this period Belfast was attacked time after time by small-pox imported from Dublin and the large English cities, and every time it appeared, instead of being allowed to spread, the energetic action of the Public Health Committee stamped it out at its very inception, and during the time that the disease raged in Dublin Belfast kept it within the limit of eleven cases with no deaths. Dublin, with a population of 245,000, has in its Public Health Department ten clerks and forty-two officers, while Belfast, with a population of 300,000, has two clerks and seventeen officers. In 1896, as early as February, the Public Health Department instructed their superintendent and executive officers to make a full inquiry and report upon houses which have no back passages, and this is a question which must be dealt with by the entire corporation. In reference to old courts and lanes Alderman Graham thinks, before closing these houses, suitable accommodation should be provided for the poor defenceless people living in them. He says the Public Health Committee have, as far back as 1893, recommended the building of an infectious diseases hospital. Pig-keeping in the city has been greatly reduced owing to the regulations of the Public Health Committee passed in 1894. The sanitary staff, Alderman Graham thinks, is too small and should be increased, but although the Public Health Committee prepared and submitted a scheme for this purpose to the Local Government Board the Treasury would not allow any increase to the local grants. Belfast has almost invariably the highest birth-rate, with very few exceptions, in the three kingdoms (Liverpool is higher), and Alderman Graham thinks a high birth-rate means a correspondingly high death-rate; and as, according to him, the infantile mortality of any town is a good general proof of the healthiness of the town, and as Belfast in this respect compares favourably with other places, we are left to infer by Alderman Graham that Belfast, as he maintains, "is one of the healthy manufacturing cities of the kingdom." Alderman Graham, says the Registrar-General, has gone so far astray in his estimate of the population of Belfast that while he returned it as 234,822 in 1891, it was shown by the census to be 255,896—a difference of 21,074; and this mistake in a lesser degree has been going on for the previous nine years, while he has over-estimated the population of Dublin, which is returned as 254,709, while in reality it was only 244,971; and when the Registrar-General made such mistakes in the last decade Alderman Graham asks, "Is it not possible that he may still be under-estimating the population of Belfast, owing to want of proper data on which to base his statements?" Hence Alderman Graham thinks that the estimates of the population given by the public officer of health for Belfast are more correct than those of the Registrar-General, and so it follows the death-rate is really less than that returned by Dr. Grimshaw. The Registrar-General (Dr. Grimshaw) should, in fairness to these statements, give some explanation. We have now had the report of the special committee on the causes of the high death-rate of Belfast and the reply of the Public Health Committee; but the "man in the street" still asks two questions: "Why is the death-rate so high?" and, still more important, "Why does it show no signs of falling?"

Queen's College, Belfast.

Dr. W. A. McKeown, the new lecturer on Ophthalmology at Queen's College, was introduced to his class on Oct. 26th by the President (Rev. Dr. Hamilton) and delivered an introductory address on "Ophthalmology in Relation to Matters of Natural Importance." He showed how the question of vision, its extent and quality, its variation with age, education, &c., touched directly or indirectly almost everyone. From the beginning to the end of school life, in college life, in the choice of a profession or trade or one of the great public services, whether the civil service, the army or navy, mercantile marine, the great railway services, constabulary, &c., the condition of vision was of the utmost importance. Dr. McKeown dealt first and most fully with the question of vision in school-life. Children at the beginning of school-life are not defective, with very few exceptions, in their vision, but if the course of the children is prolonged in the different grades in their school-life one of three things happens. 1. The child may become myopic. This is a great question in Germany, where it has been closely studied. Professor Cohn of Breslau has specially investigated this question and Dr. McKeown gave his statistics. 2. The child may not be good at his books, but more successful at his games, and thus, at the expense of so-called early training, he may save his eyes and his health and reserve his mental energies for a greater effort for a more mature brain. 3. The child may be astigmatic to such an extent as to prevent him reading small type comfortably or perhaps reading at all, and as a result may come (incorrectly) to be regarded as stupid. The causes of the increase of myopia were badly lighted rooms, too small or bad type, faulty position in writing and reading, badly planned school furniture, and insanitary conditions. Dr. McKeown then considered the question, How are children with defective vision to be detected? The Germans proposed the plan of district school medical men, who were to determine every year the condition of every scholar's vision. This would never work in England, for even at the rate of 6*d*. per head for an examination and report of every pupil twice a year it would cost £285,662 per annum, and in the ten years of ordinary school work it would amount to £2,856,620. No Treasury in England would pay this. 2. The plan proposed by English surgeons, to make the teachers the examiners of the condition of the vision of the children and for them to report to the parents any defects. This plan would never work, because the teachers have enough already to do, and this work would be outside their own province. Dr. McKeown then brought before them a most inexpensive and easily-worked plan suggested by an old graduate of that College, his brother, Dr. McKeown of Manchester, as an easily applied one. This simply involves the placing inside the cover of the reading-books for each school a standard of a few test types with simple directions. He showed some of

the books printed with these types, which, with the hints as to posture, light, &c., formed the means of recording the visual conditions of the pupils, and thus afforded a basis for their protection. Dr. McKeown, in his very interesting introductory address, discussed also vision in its relation to the services, trades, and police (in this connexion he wondered no lawyer had ever, in a case of identification, raised the question of defective vision). He spoke of the colour-blind and of the important fact that in the United Kingdom there are 31,605 persons who are totally blind.

Queen's College, Belfast, and the Royal University.

The President of Queen's College, Belfast, has just made public certain statistics which show the very high position Queen's College has taken in the honour lists at the autumn examinations of the Royal University of Ireland. On the arts side, of five studentships, each worth £300, which had been awarded, three had come to Belfast Queen's College, while the medical studentship in bacteriology had been gained by a Belfast student, Mr. Robert J. Johnstone, B.A., M.B., who had just been appointed a demonstrator in anatomy. One of the two junior fellowships competed for had come to Belfast. On the medical side the following figures were remarkable:—At the recent first medical examinations twenty-three candidates passed, and out of these fifteen were Belfast men. At the second medical examination seven candidates were placed in the upper pass division, and five of the seven were from Belfast; while of the twenty-nine mere passmen ten were from Belfast. At the third medical examination, of the five placed in the upper pass division two were from Belfast. At the M.B. examination five were placed in the upper pass division, and of these four were from Belfast, while of the twenty-four passmen fifteen were from Belfast.

Oct. 28th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

The Medical Temperance Union.

IT is doubtful if, from a statistical point of view, alcoholism is as widely spread in Germany as it is in England or America, and casual observation of the numerous drunken men and women in the working-class districts of an English town on a Saturday night might induce the belief that the use of spirits has produced a greater degradation of the lower classes there than in Germany. The German, however, as a rule is not at all more sober than the Englishman; alcoholic beverages are freely used even by the upper classes, and especially in academical life; but the good and cheap beer, our national drink, has done much to protect people from the obnoxious influence of spirituous liquor. The consequences of alcoholism are, therefore, neither so obvious nor so repulsive as in England, and the temperance movement is accordingly not well supported. Temperance hotels, temperance meetings, and teetotalers—although common enough in Great Britain—have hitherto scarcely existed in this country. A few years ago, however, some medical men drew the attention of the profession to the increasing number of grave forms of alcoholism, and the medical officers of lunatic asylums and prisons have had ample opportunity of verifying this statement during recent years. Although the general public is somewhat indifferent to the temperance movement the principles of abstinence have made great progress among medical men, and this year the medical temperance party felt themselves strong enough to hold a special meeting in Frankfort on the day previous to the opening of the Congress of Naturalists and Medical Men. It was attended by medical men of all German-speaking countries and was presided over by a well-known Swiss neurologist, Professor Forel of Zurich, who in his inaugural address pointed out that the spread of alcoholism was aided by members of the medical profession who recommend alcoholic drinks as tonics, for the patient who at first drinks only from time to time is by-and-by induced to acquire the habit of taking strong liquors. The opinion that alcohol has tonics qualities is a delusion which cannot be too energetically combated. Medical men are becoming more and more aware that alcohol does not strengthen or comfort, but, on the contrary, weakens and depraves the consumer, and the principal aim of this society will be the propagation of this view. He moved the following resolutions:—(1) It is the special duty of medical practitioners to discountenance alcoholism; (2) unfortunately the medical profession has hitherto contributed much to spread alcoholism among patients (!); (3) the present treatment of inebriates in asylums does not satisfy the requirements of modern medicine; and (4) the provisions of the law concerning the civil and criminal responsibility of inebriates are not sufficient. Dr. Forel finally alluded to Dr. Nansen, who, by strictly avoiding the use of spirits, had successfully encountered the greatest fatigues. Dr Kraeplin, Professor of Psychiatry in Heidelberg, said that he had become a teetotaler after he had observed the ravages of alcoholism among the patients in the Heidelberg Asylum. He wished to contradict the opinion that a cold and damp climate requires the use of spirits. In a northern country like Norway abstinence from intoxicants is as common as in Italy or Spain, and the people can do very well without them. The principal source of alcoholism in the upper classes might be traced to certain students' associations, and university teachers ought to draw the attention of the young men to the risk which they incur in consequence of the formation of drinking habits. He gave some details concerning the treatment of delirium tremens in his asylum, where among 800 patients of this kind he had lost only one, the cause of death being pulmonary tuberculosis. Dr. Smith (Marbach) stated that alcoholism among women is especially due to the inconsiderate prescription of alcohol by medical men. Dr. Furer (Eberbach) regretted that medical men often gave certificates to dealers in alcoholic liquors. He also mentioned a case where an abstaining medical practitioner had been formally charged with neglect of professional duty because he had declined to prescribe spirits to a patient suffering from pneumonia. After the discussion the formation of a society under the name of "The Temperance Union of German Medical Men" was agreed to. It was obvious that the majority of those present were uncompromising abstainers, and a resolution to the effect that there were some cases in which spirits could not be totally dispensed with was almost unanimously rejected. Undoubtedly the aims of the new union merit the sympathy of the profession. It seems, however, that the speakers were too much inclined to regard medical practitioners as being solely responsible for the spread of alcoholism and to neglect other influences, such as heredity, insufficient food, trouble, &c. If the leaders of the movement will keep these facts in mind they will meet with the approval of the great majority of their professional brethren.

ROME.

(FROM OUR OWN CORRESPONDENT.)

The "Belva Umana" (Human Wild Beast).

FRESH from the Fourth Congress of Criminal Anthropology and the Ninth of Italian Psychiatry Dr. A. G. Bianchi, one of Professor Lombroso's aptest and ablest disciples, has paid a visit to the one asylum Italy possesses for lunatic felons—the Manicomio Criminale at Montelupo in Tuscany. What he witnessed there he has reported to a Milanese contemporary, and it is safe to say that the most gruesomely realistic romance of Zola pales before the horrors put on record by Dr. Bianchi. The building itself—a country seat of the ex-Archduke—recalls Mrs. Radcliffe's "Udolpho" or Horace Walpole's "Castle of Otranto," and might fitly bear inscribed over its gateway the terrible lines from Dante's "Inferno," concluding—

> "Lasciate ogni speranza voi che entrate"
> (All hope abandon ye who enter here).

Its inmates number 365—one for each day of the year—and they are divided into four classes: (1) the "tranquilli," who, under surveillance, are employed at some handicraft; (2) also the "tranquilli" who cannot be so employed; (3) the "detenuti non-isolati"—those confined together; and (4) the "detenuti perfettemente isolati"—those who are unfit to associate with human beings. Dr. Bianchi's description of the typical components of these groups is masterly for its clear-cut outlines—a series of moral etchings bitten into the page in mordant characters; but I must hasten with him to the "belve umani" (the human wild beasts), on whom Professor Lombroso and his school have made such fascinating, if blood-curdling, studies. We pass a

series of rooms each tenanted by an inmate secured in a strait-waistcoat. These are the "dangerous," the maniacally impulsive, ready in the twinkling of an eye to throw themselves literally "tooth and nail" on keeper or visitor—their look menacing, their conjunctivæ injected, and their voice loud and angry. We enter one of these rooms preceded by the directing physician, Dr. Codelupi, who addresses the inmate some paces off with soothing words, as one would a savage beast in a menagerie. The said inmate is a "man" seated on a bed riveted into the ground, his, or rather its, arms and legs dangling down like an ape's. And not only is it his posture that recalls the pithecoid type. His jaws are literally those of a gorilla, enormous in size, and of an extraordinary projection, surmounted by a forehead constricted, shaggy, and retreating. He is short, almost stunted, but a Hercules in energy and strength. He surveys us with a wondering look, and Dr. Codelupi, still saluting him coaxingly, at length comes near him, and we all stand round as he tells his story. In his native locality he committed many deeds of violence, to which little importance was attached, until one day a young woman accidentally trod on his foot, and in a moment the wild beast declared itself. He felled her to the ground and with his hands he tore open her thorax and abdomen and dragged out their contents. An hour or two later he was found seated on the corpse devouring a piece of the lung. While the monster told "its" ghastly tale Dr. Codelupi kept stroking "its" head soothingly, and at each caress "it" would smile, projecting the enormous jaws and chin. "It" remembers little more of the inhuman deed than the cudgeling received from the bystanders who came all too late to the woman's rescue, the incident itself awakening in "it" neither remorse nor sorrow. And here, for a moment, let me interpolate a remark. Professor Lombroso and his school at the last Congress of Criminal Anthropology were subjected to severe animadversion for their postulating the "criminal né," or born felon. Their critics, however, belonged to civilisations in which such ghastly types as that above described are all but unknown. Professor Lombroso and his disciples, on the other hand, are citizens of a country where there is a murder every two hours,[1] where malnutrition of mind and body concurrently with "southern blood" evolves a peculiarly explosive type of lethal violence; where, if anywhere, an involuntary regress to the savage state is *en evidence* among the insular and mountaineer population and even in overcrowded centres like Naples; and where the philanthropist and patriot who has had the training of a nature-student and a physician is perforce constrained to seek out and apply whatever corrective or, still better, whatever prophylactic can minimise such diseased developments. Hence their starting-point of the "uomo delinquente"; hence their appeals to Government for adequate inspection and surveillance of nascent or tender youth so as to diagnose in time and medically to redeem the degenerate types of which the monster above described is a specimen. It is safe to say that if the prescriptions of the Lombroso school had been granted legislative effect, such a "human wild beast" would never have been allowed to mix in society. Anthropometric tests would have segregated him shortly after birth and brought him under special educational processes which, if successful, might have led to his being relegated to healthy surroundings and occupation; and if unsuccessful would, at least, have kept him from doing harm to himself or others. But to return to Dr. Bianchi. We pass on with him and Dr. Codelupi to another cell, and there, also secured by the "camicia di forza" (strait-waistcoat), an old assassin meets our gaze. This is no other than Cardinali, the Sicilian "capo-banda" or brigand-chief, on whose "conscience" lie sixteen "omicidi consumati" and fourteen "mancati" (sixteen actual murders and fourteen abortive ones). With treble voice and through snow-white moustache, he protests his innocence: "Io non ho fatto nienti di male; io sono brav' uomo" (I have done no harm; I am a good man). He is a prey to "delirio paranoico" (delirium with hallucination); his mental exaltation venting itself in the construction of triumphal arches of pasteboard which he erects to "Justice and Humanity." Another notorious "capo-banda" in an adjoining cell is the Sardinian, Angius, whose life was that of a predatory wild beast haunting the woods. He, too, is hopelessly insane, with a horrible roll of crimes on his "conscience." Still accompanying Dr. Bianchi and Dr. Codelupi we pass cell after cell, catching glimpses of dehumanised monsters secured in the "camicia di forza," darting aggressive, homicidal looks as we go. "It is," says Dr. Bianchi, "a terror-striking march-past of prognathous jowls, of bestial jaws, of projecting ears, of straitened foreheads, of idiotic profiles, of macrocephalous imbeciles." You seem to be in a Dantesque "circle" (*girone*) and you burn to know the history of them all. But Dr. Codelupi's answer comes monotonous as a refrain: "He committed murder;" or "he attempted it." "Epilepsy" and "epileptoid explosion" constitute the almost uniform diagnosis. Tattooing is a common practice among these "human wild beasts." They subject themselves, apparently with indifference, to operations involving the acutest pain by puncturing the *cutis vera* and tinging it with colouring matters. One of them, the ringleader of the redoubtable "Mala Vita" of Bari, is a typical specimen. Vulpine in look as in craft, agile as a squirrel, he bears about his person his autobiography, written and illustrated between his flesh and his skin. Portraits of his sweethearts, names of prominent "office-bearers" of the "Mala Vita," the dates of his countless condemnations, insults levelled at the magistrates, indications of hiding-places and other "strategic" localities, maxims against traitors, pornographic drawings innumerable, constitute quite an arabasque of blue-black etching "between flesh and skin." The spine alone has escaped the tattooing process; but with the pride as well as the sanguine hope of the artist he says he will tattoo that also "as soon as he can." Then, still advancing along the row of cells, we come to one at which Dr. Codelupi pauses with the exclamation, "Ecco Passananto!" This would-be regicide, whose attempt on King Humbert just eighteen years ago in the streets of Naples was fully described in THE LANCET, and whose mental condition, as diagnosed and described by the illustrious Verga, assisted by Dr. Tamburini, Dr. Buonomo, and Dr. Tommasi,[2] fills one of the most masterly reports in medico-psychological literature, is now an old man, shrunk and bent, with uncertain eye, and alternating between persistent silence and voluble loquacity. He is still the mild idealist who, the moment his schemes of social rehabilitation are thwarted, poses as the victim of persecution and acts accordingly. His personality has, however, already been familiarised to readers of THE LANCET, and had I time would give place to another yet more interesting, to wit, Antonino M——, whose autobiography was published by Dr. Bianchi three years ago and commented on in THE LANCET[3] under the title of an "Anthropological Romance." But this letter has exceeded its limits and leaves space for little more than the record of Dr. Bianchi's regret that the Legislature takes no steps to purge society of these "belve umane" till they have declared themselves by some atrocious crime, and that the "Manicomio Criminale," admirably superintended as it is, is yet deficient in what anthropology requires for the better classification of types of the "uomo delinquente." Monsters as repulsive as any of those above-described, after being allowed to grow up and develop in their own sinister fashion, are at length—after making society suffer in a thousand ways—"accommodated" in ordinary provincial asylums, to the imminent danger of the other inmates as well as their keepers. By the time the fifth Congress of Criminal Anthropology meets at Amsterdam or The Hague let us hope that—thanks to her Piedmontese school—Italy will be able to boast of salutary reforms in her educational, judicial, and social systems so as to lower the prominence she has too long held as the prolific mother of the "belva umana."

Oct. 24th.

[1] Vide Baron Garofalo's statistics, THE LANCET, Jan. 25th, 1896, p. 286.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

The Medical Chambers.

THE meeting of the Austrian Medical Chambers took place on Oct. 3rd, and was attended by the delegates of each Chamber as well as by Dr. Kusy and Dr. Karajan, the representatives respectively of the State and of Lower Austria. The members present were welcomed on behalf of the Government by Dr. Karajan, who delivered an address in

[2] Vide THE LANCET, March 1st, 1879, pp. 321-2.
[3] THE LANCET, May 27th, 1893.

which he made eulogistic reference to the medical men who had succeeded in increasing the *esprit de corps* of the profession; he also touched upon the ethical relations of the subjects which were dealt with at the meetings, and, in conclusion, said that the important position which the medical profession held in connexion with the general scheme and working of our social life abundantly explained the interest with which the Government regarded matters affecting the profession. After an introductory speech by the President, Dr. Heim, the meeting eventually adopted the following recommendations:—1. Each chamber shall out of its regular income provide a fund for the support of invalid medical men and their widows. 2. In Vienna and in those towns the delegates of which advocated the "free choice" system of medical attendance in connexion with clubs and friendly societies, the members of these clubs and societies are not obliged to call on the physician of their district, and the relatives of such members are not entitled to gratuitous treatment, but a special rate of payment is to be assigned for them.

Food Adulteration.

Dr. Mannsfeld, Director of the Laboratory for Food Examination, has published a report on 243 cases of food adulteration which he met with during last year. Butter sometimes contained an undue quantity of water, it sometimes was mixed with suet, and was occasionally rancid. Preserved green vegetables owed their bright colour to salts of copper; blanched nuts had been subjected to the fumes of burning sulphur; pepper contained olive stones; honey was mixed with water and treacle; milk was diluted with water; and wine was adulterated with water, spirit, cider, and a great many various essences.

The Anti-diphtheritic Property of Human Milk.

Dr. Schmidt and Dr. Pflanz have published in the *Klinische Wochenschrift* some results of the experiments conducted by them with a view to ascertaining whether human milk, like the blood of newly-born infants, possesses anti-diphtheritic properties. For the purpose of comparison with the milk they also examined the serum of the blood obtained from the placenta after severance of the umbilical cord. The results are as follows. The antitoxins contained in the blood of a lying-in woman are to be found also in the milk, but their quantity is less than that in the milk. The antitoxic power of the blood has not yet been quantitatively estimated, neither has it been ascertained whether this power decreases or increases as the child grows older. These antitoxins of the milk pass into the digestive tract of the suckling child and then into its circulation without undergoing any change. It is generally recognised that suckling children rarely suffer from diphtheria.

Permanganate of Potassium as an Antidote to Morphia.

Permanganate of potassium was first recommended by Barker Smith in 1877 as an antidote to morphia, experiments having showed that when taken after a large dose of either morphia or opium it may entirely neutralise the effect of these drugs, and that it is also an efficient antidote against many vegetable poisons. Numerous cases have been reported in which morphia poisoning in children has been successfully treated by internal or hypodermic administration of permanganate of potassium. In a recent number of the *Klinische Wochenschrift* Dr. Vucetic has published the case of a child aged three years who accidentally had taken about thirty drops of tincture of opium, and showed the typical symptoms—viz., somnolence, cyanosis, contracted pupil, and slow pulse. A 1 per cent. solution of permanganate of potassium was prescribed, and in the first place was injected with a Pravaz syringe into the right hypochondrium, in addition to which the child was given some teaspoonfuls of the same solution. After some hours the toxic symptoms disappeared and the child eventually recovered, although it remained anæmic-looking and showed some mental impairment. If it be considered that children up to the fifth year of age are extremely susceptible to morphia and opium, that those under four months sometimes show signs of poisoning after from two to four drops of laudanum, and that the legitimate dose of laudanum for children of from two to four years of age amounts to three and a half drops a day, it is clear that in the above case the recovery was due to the permanganate of potassium. The way in which the permanganate acts has not yet been cleared up, but experiments have showed that in a mixture of solutions of morphia and of permanganate of potassium the characteristic reactions of morphia are not obtainable. Only one case of poisoning with permanganate of potassium has been described; in this case after a dose of about four ounces death occurred from paralysis of the heart. In these cases Dr. Vucetic proposed morphia as an antidote. In morphia-poisoning permanganate of potassium may be administered first hypodermically and then internally.

Cardiac Movements as Seen by Means of the Roentgen Rays.

Professor Benedikt, experimenting on the action of the Roentgen rays in rendering the cardiac movements visible, has found that a bloodless heart is transparent to some extent, but that thin layers of blood cast a deep shadow. During the systole the apex of the heart approaches the base; there is only a systolic lateral apex impulse. During each systole the heart is not entirely emptied of blood, for a shadow due to residual blood is recognisable. During deep inspiration the heart is drawn away from the diaphragm, for a transparent interstice appears. The experiments succeed in young or emaciated persons, and the examinations have no ill effects provided they are not too frequent.

Oct. 25th.

Obituary.

JULES ROCHARD, M.D.

A NOTABLE figure has recently been removed by death from the Parisian medical world in the person of Dr. Jules Rochard, member of the Académie de Médecine (over which he presided in 1894) and a retired Inspector-General of the Navy. Born at Saint-Brieuc in 1819 Dr. Rochard took his degree in medicine at Paris in 1847, having previously spent several years at sea as assistant surgeon. After his retirement from active service he devoted himself exclusively to hygiene, becoming a member of the Conseil d'Hygiène de la Seine and undertaking the editorship-in chief of an Encyclopædia of Hygiene and Public Medicine, a monumental work on which he was actively engaged to the last. In 1883 Dr. Rochard was the victim of a murderous assault by a lunatic, receiving a severe bullet wound of the chest. The missile lodged in a position whence it could not be extracted, but in spite of this he made an excellent recovery and enjoyed the best of health until a few months ago, when pulmonary trouble set in at the seat of the old injury, eventually proving fatal towards the middle of September. Endowed with indomitable spirits and a ready wit, Dr. Rochard, thanks to his long career afloat, had more the aspect of a sailor than a surgeon. Full of verve and enthusiasm he was wont to ascend to the presidential chair as though he were boarding a ship, and directed the proceedings of the learned assembly with a degree of juvenile vigour that was redolent of the ocean. As a speaker he was fluent and intelligible, his discourses bristling with witty and epigrammatic points, while at the same time they were full of good sense. On the first occasion that he attended the Academy meetings after his illness, when thanking his colleagues for their kind and constant inquiries, Dr. Rochard expressed himself to the following effect: "My sole relics of this adventure are a small piece of lead in my right lung and a vast amount of gratitude in my heart. I will retain both one and the other to my dying day." Amongst his numerous writings Dr. Rochard was the author of the following works: "The Treatment of the Wounded on Board Battleships in Action," "The Surgical Organisation of a Fleet in War Time," "Endemic Diseases," and "History of French Surgery to the Nineteenth Century." His *magnum opus*, however, is the "Encyclopædia of Hygiene," of which up to the present seven volumes have appeared. We are indebted for many of the foregoing particulars to a sympathetic obituary notice in *La Médecine Moderne*.

EDWIN MORRIS, M.D. ST. AND., F.R.C.S. ENG., L.S.A.

BY the death of Dr. Edwin Morris at Rickmansworth, at the ripe age of eighty-one years, a well-known member of the profession has passed away. Dr. Morris was a familiar figure in South Lincolnshire, for he practised in Spalding for more than half a century (having gone there in 1841), and

kept in the front rank of the practitioners of the county by force of character and professional ability. Dr. Morris was held in great estimation by all who knew him, and it was with expressions of great regret that the news of his intention to retire from practice in 1890 was received, but it was recognised that increasing years and the strain of a large practice were becoming greater than he could carry much longer. It will be long, however, before his tall, commanding presence, genial face, and hearty manner will be forgotten in Spalding. Educated at University College, he became M.R.C.S. and L.S.A. in 1839, M.D. St. Andrews in 1845, and F.R.C.S. Eng. by examination in 1849. For fifty years Dr. Morris was surgeon to the Spalding Dispensary, also for the same extended period surgeon to the Spalding Union Infirmary, and was appointed to the staff of the Johnson Hospital when it was built, being consulting surgeon at the time of his death. He was also local surgeon to the railways which run into Spalding and to many of the societies. Dr. Morris was honorary local secretary for the Royal Medical Benevolent College and for a time a member of the Council of the British Medical Association. He gave a good deal of his valuable time to public duties, being a member of the School Board and for some years an Improvement Commissioner. He held a commission for twenty-eight years in the 2nd V.B. Lincolnshire Regiment, and retired as surgeon-major (V.D.). He was the author of "Neuralgia, its Various Forms, Pathology, and Treatment," also of a treatise on "Shock in Railway Accidents." He also contributed to the medical papers: "Excision of the Head of the Femur" (1850), "Treatment of Strangulated Hernia after Operation" (1854), and "Advantages of Retaining the Staff until after the Removal of Stone" (1864).

THOMAS CHAMBERS, F.R.C.P., F.R.C.S. EDIN., M.R.C.S. ENG.

MR. CHAMBERS of Sydney, New South Wales, who died there on Aug. 24th after a short illness, as announced by our Australian correspondent,[1] was a distinguished gynæcologist who had the somewhat unusual good fortune to make a name for himself both in London and also through the wide extent of Australia. The deceased, who was in his sixty-seventh year, was a native of Yorkshire, and became a Member of the Royal College of Surgeons of England in 1858, after which he practised for many years in London, chiefly in obstetrics and gynæcology. In 1867 he was admitted a Fellow of the Royal College of Surgeons of Edinburgh and in 1871 a Fellow of the Royal College of Physicians of the same city. In 1882, ill-health having necessitated his seeking a milder climate, he went to Australia, and he thenceforward made his home in New South Wales, where he gained the confidence and esteem of his professional colleagues and enjoyed a very extensive practice. He also held several important appointments, being senior gynæcologist to the Sydney Hospital, physician to the Prince Alfred Hospital, and for some years lecturer on midwifery and diseases of women at Sydney University; he was also principal surgeon of the St. Kilda Hospital, Woolloomooloo. In 1892 he was honorary treasurer of the Inter-colonial Medical Congress held in Sydney. His health had been failing somewhat during the last twelve months, but his friends did not anticipate danger till Aug. 19th, when he delivered the last of the present course of lectures at the University on the diseases of women, and returned home suffering from symptoms of bronchitis which terminated fatally. Mr. Chambers was twice married; he leaves a widow and six grown-up sons.

JOHN KILNER, F.R.C.S. ENG., L.S.A.

THE death of Mr. Kilner of Bury St. Edmunds, which occurred somewhat unexpectedly on Oct. 18th, occasioned a general feeling of sorrow throughout the town and surrounding district, where he had been for more than fifty years a familiar figure and a well-tried friend in time of sickness and despondency. He was born at Letheringham in 1820 and was sent to school in Ipswich. When the time came for him to make choice of a profession a medical career was selected, and he accordingly entered as a student at University College Hospital, where he passed through the usual curriculum and became a Member of the Royal College of Surgeons of England in 1843. In the following year, after taking the diploma of the Society of Apothecaries and acting for a short time as house surgeon in the East Suffolk General Hospital, Ipswich, he commenced practice in Bury St. Edmunds, occupying a house in Guildhall-street, and residing there for the remainder of his long life. In 1845 he married a Miss Scott, the fiftieth anniversary of which happy event was duly celebrated by Mr. and Mrs. Kilner on April 10th, 1895. Mr. Kilner's professional abilities and unremitting attention to his patients were not long in being recognised by his fellow townsmen, and their favourable opinion in due course led to his finding a place on the staff of the Suffolk General Hospital at Bury St. Edmunds. For more than forty years this institution had the benefit of his services, and when two years ago advancing age induced him to resign his post of senior surgeon he received a well-deserved compliment by being made an honorary member of the staff. In 1864 Mr. Kilner was admitted to the Fellowship of the Royal College of Surgeons of England. The esteem in which he was held by his neighbours was shown by the fact that he was appointed churchwarden in St Mary's parish, whilst his zeal for the cause of social progress and improvement was on many occasions displayed during his long connexion with the Bury and West Suffolk Library and the local friendly societies. He was for a long time surgeon to the West Suffolk Militia; his connexion with the regiment commenced by his being appointed assistant surgeon at the time of its formation and did not cease for upwards of thirty years. The funeral took place on Oct. 22nd in the presence of a large and deeply sympathetic assemblage. Mr. Kilner leaves a widow and family; one of his sons is a clergyman and the other two are in the medical profession.

[1] THE LANCET, Oct. 17th, 1896, p. 1124.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.—The deaths of the following eminent foreign medical men are announced:—Dr. W. Belohradsky, Extraordinary Professor of Forensic Medicine in the Bohemian University of Prague, at the age of fifty-two.—Dr. Manuel Maria da'Costa Leite Viscount d'Oliveira, formerly Professor of Midwifery in the Oporto Medical School.—Dr. Coze, Honorary Professor of Materia Medica and Therapeutics in the Faculty of Medicine, Nancy.

Medical News.

UNIVERSITY OF EDINBURGH.—At a special graduation on Oct. 24th the degrees of Bachelor of Medicine and Master in Surgery were conferred on the under-mentioned candidates:—

Hugh de Maine Alexander, Scotland; John Anderson, Scotland; William Anderson, New Zealand; John George Bailey, England; Andrew Buchanan Blair, Scotland; Albert William Bowie, Scotland; Andrew Gray Carment, India; Henry Oliphant Dougall, Scotland; Charles Carmichael Forrester, Scotland; Robert M'Lean Gibson, Scotland; William Torrey Grant, Egypt; Samuel Jack O'Loughlin Grinsell, England; Wallace Tynemouth Hedley, England; Archer Hosking, New Zealand; Robert Irvine, Ireland; Thomas Johnstone, England; Arthur Lloyd Jones, Wales; George Henry List, Scotland; Marcus MacKenzie, B.A., Ireland; Robert Lyle MacKirdy, M.A., Scotland; John MacMaster, Australia; John Duncan Graham Macpherson, India; Noel Maudsley, England; Bomansha Nusserwanji Mullan, India; Bahadhur Kaikhushro Nariman, India; Herbert Peck, England; William James Penfold, England; Charles Porter, Scotland; Charles William Reid, Australia; Andrew Rutherfurd, Scotland; Gerald Alick Southwell Sander, France; Arthur Ernest Scott, Australia; George Broadfoot Serle, Scotland; Harry Wilmot Smith, India *in absentiâ*); John Fletcher Strickland, England; Geoffrey Clive Taylor, England; Arthur Edward White, England; Alfred Ernest Williams, England; Frederick Wilson, Scotland; James Francis Wolfe, Ireland; Robert Steele Young, Ireland; and Arthur David Yule, Scotland (with second-class honours).

SOCIETY OF APOTHECARIES OF LONDON.—The following candidates passed in the under-mentioned subjects, October, 1896:—

Surgery.—G. F. M. Clarke, Charing-cross Hospital; T. S. Collin, Manchester; G. W. Dutton, Middlesex Hospital; F. R. M. Heggs, Birmingham; W. J. Henson, Guy's Hospital; E. L. C. Muspratt, King's College Hospital; and H. S. Oliver, Charing-cross Hospital.

Medicine, Forensic Medicine, and Midwifery.—G. E. Brooke, Cambridge and London; A. V. Moreton, Manchester; F. H. Wilkinson, Liverpool; and J. B. Wall, St. Mary's Hospital.

Medicine and Forensic Medicine.—T. H. Guillaume, Dublin and Charing-cross Hospital.

Medicine and Midwifery.—A. Avent and G. S. Thompson, St. George's Hospital.

Medicine.—J. Gott, King's College Hospital, and A. P. Square, Middlesex Hospital.

Forensic Medicine and Midwifery.—R. S. Thompson, Belfast.
Midwifery.—A. J. Hull, Guy's Hospital, and A. C. McLean, King's College Hospital.

The diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—Messrs. Collin, Heggs, McLean, Moreton, Oliver, and Wall.

THE READING PATHOLOGICAL SOCIETY.—The annual dinner of this the oldest Pathological Society in Great Britain, was held at the Queen's Hotel, Reading, on Oct. 21st. The annual address was delivered by Mr. Treves, who took for his subject Some Features of Abdominal Surgery. Some sixty members and guests were present at the dinner, Mr. O. C. Maurice, the President of the society, being in the chair. Among the guests were Dr. Gilbart Smith, Mr. A. Bowlby, Mr. G. H. Makins, and Mr. Treves. Everything went off admirably, and great praise is due to the secretaries, Dr. W. J. Maurice and Dr. Guilding, for the untiring way in which they worked to make the occasion a success. Mr. O. C. Maurice as President did everything in his power to make all present, both members and visitors, enjoy themselves. Indeed, a spirit of true *cameraderie* was very evident, and if all medical meetings were like the one of which we now speak there would be little need for "departments of ethics."

BRITISH ORTHOPÆDIC SOCIETY.—An ordinary meeting of the society was held on Oct. 10th, at the National Orthopædic Hospital, London, Mr. Horrocks Openshaw in the chair. Mr. Noble Smith and Mr. Chisholm Williams showed two cases of Double Displacement of the Hip. In one case the displacement was dorso-anterior on the left side, and in the other case the displacement was upwards both sides. Mr. Noble Smith had found in these cases distinct bony obstruction which prevented the head of the bone reaching its natural position. He therefore thought that these cases were due to dislocation taking place at the time of birth. On enquiring into the history he found there had been a breech presentation, great difficulty in delivery, very prolonged parturition, and that instruments had been used. He had lately had skiagrams taken, and they supported his opinion. Mr. Tubby showed skiagrams of a case of Double Congenital Displacement of the Hip, the displacement being dorsal on the right side and anterior on the left. Mr. D'Arcy Power, Mr. Keetley, Mr. Openshaw, Mr. Thomas and Mr. Ewens discussed the cases. Mr. Ewens showed casts of a case of Tarsectomy before and after operation. Mr. E. Muirhead Little showed skiagrams of an aggravated case of Congenital Club Foot, two of hallux flexus and one of congenital absence of the radius. Mr. Thomas brought forward the subject of Early Diagnosis of Disease of the Spinal Column, but as the hour was late it was decided to ask Mr. Thomas to embody his remarks in a paper to form the basis of a discussion at the next meeting of the society in December.

DIPHTHERIA IN LONDON.—The decline in amount shown by diphtheria in London in August and early September has given place to considerable rise in the four-weekly period ended on Oct. 3rd. The total of notifications in the like period ended in Sept. 5th was 1082, all the sanitary districts of the metropolis save one having been freshly invaded; but in the succeeding four weeks, ended Oct. 3rd, the total rose to 1288, giving a weekly average of 322 notifications, or 52 per week in advance of the preceding period. Taking the several periods of the present year successively we find totals of 988, 1054, 1009, or 3051 in the first twelve weeks; 785, 890, 1060, or 2735 in the second twelve weeks; 1069, 1168, 1082, or 3319 in the third series of twelve weeks, and 1288 in the period now under review, as against 1178 in the like period ended Oct. 5th of last year. The total of 1288 has only been once exceeded in any period of four weeks during 1895 and the present year, namely in that ended Nov. 2nd of last year, when it was 1305. Whilst all the districts of London were invaded in the period last completed, the disease was very variously distributed in amount. Thus there were nine sanitary areas having an aggregate of 27 notifications, whilst other nine districts contributed no less than 725 notified cases, or considerably more than half the total of the entire administrative county. As regards deaths registered in the period the 227 yield an average of 57 per week, against 199, or 50 weekly, in the preceding period; and whilst the per case mortality in the four weeks ended Sept. 5th was 18·4 per cent., that of the succeeding period fell to 17·6 per cent., the heavy increase of cases notified not having in the period itself been accompanied by such a high relative increase of registered mortality. So far, then, as the period showed the fatal character of the disease was not so great in the later period as in that ended on Sept. 5th, which included much of the school holiday season. The deaths in the succeeding three weeks ended with Saturday last were 52, 66, and 57 respectively, the latter being 12 in excess of the corrected average for the forty-third week of the decenniad 1886-95. Islington and Camberwell are credited with 8 deaths each, St. Pancras with 5, and Lambeth with 4 deaths. Of the 57 deaths 54 were of young persons over the age of infancy but under twenty years. There were 105 admissions to hospital and 799 patients were still under treatment for the disease on Saturday last. In Greater London other 10 deaths from diphtheria were registered last week (making 67 for London and suburbs), of which 7 belonged to the West Ham registration district.

CENSUS RETURNS FROM A MEDICAL ASPECT.—A proposal was made at the meeting of the county council of Southampton last week that a fresh census of the town should be taken. The matter was originated by the medical officer, who pointed out that since 1891 the borough had undergone many changes. It was extended in 1895, and calculations were then made that the 1891 figures of 65,325 had been increased by no less than nearly 30,000 people—to 94,093. He went on to urge that, the real state of affairs probably showing a population even larger than this, the mortality and sickness rates were "not only fallacious, but dangerous, showing that Southampton, from a statistical point of view, is not as healthy as in previous years." A new census, the medical officer argued, would give the Health Department an opportunity of finding out many important facts relative to the housing of the inhabitants, the location of disease and sickness, and the comparative ward mortality. Moreover, he thought it would show Southampton to be entitled to a place among the thirty-three principal towns of England. The case was not a strong one, or, at any rate, not strong enough to successfully face the council, although endorsed by the committee. The expense, of course, would be very great, and the point also arose as to whether the corporation could compel householders to supply the necessary information, and, when obtained, would the figures have any value as being unofficial? The matter was not put to the vote by its projectors, and so in all likelihood Southampton will be compelled, with what patience it may, to remain unnumbered for another five years.

BOOKS, ETC., RECEIVED.

BALE, JOHN, AND SONS, Great Titchfield-street, Oxford-street, London.
Proceedings of the West London Medico-Chirurgical Society. Vol. 7. Session 1894-95. 1896.

BLACKIE AND SON, Old Bailey, London, E.C.
The Log of a Privateersman. By H. Collingwood. Illustrated. 1897. Price 6s.
The Young Colonists. By G. A. Henty. New edition. Illustrated. 1897. Price 3s. 6d.
On the Irrawaddy. A Story of the First Burmese War. By G. A. Henty. Illustrated. 1897. Price 5s.
At Agincourt. A Tale of the White Hoods of Paris. By G. A. Henty. Illustrated. 1897. Price 6s.
With Cochrane the Dauntless. By G. A. Henty. Illustrated. 1897. Price 6s.
Quicksilver; or, the Boy with no Skid to his Wheel. By G. M. Fenn. New edition. Illustrated. 1897. Price 3s. 6d.
A Girl's Loyalty. By Frances Armstrong. Illustrated. 1897. Price 5s.
Through Swamp and Glade. A Tale of the Seminole War. By Kirk Munroe. Illustrated. 1897. Price 5s.

CHAPMAN AND HALL, Henrietta-street, Covent-garden, London.
Cheese and Cheese-making, Butter, and Milk. By James Long and John Benson. 1896. Price 3s. 6d.

EDWARDS AND DOCKER COMPANY, Philadelphia.
Skiascopy and its Practical Application to the Study of Refraction. By E. Jackson, A.M., M.D. Second edition. Illustrated. 1896.

HIRSCHWALD, AUGUST, Berlin.
Physiologie des Menschen und der Säugethiere. Von Professor Dr. Immanuel Munk. 1897.

HODGSON, F., Farringdon-street, London.
The Children: How to Study Them. A Course of Lectures. By F. Warner, M.D. Lond., F.R.C.P. Second edition. 1896.

JACK, T. C. AND E. C., Edinburgh, and WHITTAKER AND CO., Paternoster-square, London.
The Art of Cooking for Invalids, in the Home and the Hospital. By Florence B. Jack. 1896. Price 2s.

JOHNSTON, W. & A. K., Edinburgh and London.
The Anatomy of Labour: Exhibited in Frozen Sections. By A. H. F. Barbour, M.A., B.Sc., M.D. Third edition. Illustrated. 1895. Price 5s.

KEGAN PAUL, TRENCH, TRÜBNER, AND CO., Charing Cross-road, London.
The Energy of Living Protoplasm. By Oscar Loew, Ph.D. Japan-1896. Price 2s. 6d.

KIMPTON, H., High Holborn, London.
A Manual of Anatomy. By Irving S. Haynes, Ph.B., M.D. Illustrated. 1896. Price 12s. net.
A Manual of Clinical Diagnosis by means of Microscopic and Chemical Methods. By Chas. E. Simon, M.D. Illustrated. 1896. Price 16s. net.
Diseases of the Eye and Ophthalmoscopy. By Dr. A. E. Fick, Zurich. Translated by Albert B. Hale, A.B., M.D. Illustrated. 1896. Price 21s. net.

LIVINGSTONE, E. & S., Edinburgh.
Claude Garton. A Story of Dunburgh University. By T. J. Henry, F.R.C.S.E. 1897. Price 3s. 6d.

LONGMANS, GREEN, AND CO., Paternoster-row, London, E.C.
An Introduction to Human Physiology. By A. D. Waller, M.D., F.R.S. Third edition. 1896. Price 18s.
The Astronomy of Milton's "Paradise Lost." By Thos. N. Orchard, M.D. 1896.

MACLEHOSE AND SONS, Glasgow.
Human Anatomy: General and Descriptive. By J. Cleland, M.D., and J. Y. Mackay, M.D. Illustrated. 1896. Price 28s. net.
Manual of Diseases of the Ear. By Thos. Barr, M.D. Second edition. Illustrated. 1896. Price 12s. 6d. net.

MACMILLAN AND CO., London.
Electro-Physiology. By W. Biedermann. Translated by Frances A. Welby. Illustrated. Vol. I. 1896. Price 17s. net.

MALOINE, A., Paris.
Nouveaux Éléments d'Ophtalmologie. Par H. Truc et E. Valude. Tome second. 1896.

MASSON ET CIE., Paris.
Traité Gynécologie Clinique et Opératoire. Par S. Pozzi. Troisième edition. Illustrated. 1897.

SAMPSON LOW, MARSTON AND CO., Fetter-lane, Fleet-street, London.
The Civilisation of Our Day. By Expert Writers. Edited by Jas. Samuelson. Illustrated. 1896.

SWAN SONNENSCHEIN AND CO., Paternoster-square, London.
The Diary of a Resurrectionist, 1811-1812. By J. B. Bailey, B.A. 1896. Price 3s. 6d.
Premature Burial and how it may be Prevented. By Wm. Tebb, F.R.G.S., and Colonel E. P. Vollum, M.D. 1896. Price 5s.

UPWIN T. FISHER, Paternoster-buildings, London, E.C.
The Statement of Stella Maberly. By F. Anstey. Second edition. 1896.

Les Angines Scarlatineuses et leur Traitement par le Sérum de Marmorek; par Dr. A. Dubois (Bigot Frères, Lille, 1896).—Nervenkrankheiten und Vererbung; von Ch. Fére (H. Kornfeld, Berlin, 1896).—La Formaldéhyde et ses Applications; par A. Trillat (Georges Carré, Paris. 1896).—Essais de Désinfection par les Vapeurs de Formaldehyde; par Dr. F. J. Bosc et MM. G. Roux et A. Trillat (Imprimerie Charaire et Cie., Sceaux, 1896).—Untersuchungen über Gicht und harnsaure Nierensteine; von Dr. G. Klemperer (A. Hirschwald, Berlin, 1896).—Calendar of the Society of Apothecaries of London, 1896-97 (Sheppard and St. John, Clerkenwell-road, London).—Calendar of the Royal College of Surgeons of England, August, 1896 (Taylor and Francis, Fleet-street, London); price 1s.—The Sixty-ninth Annual Report of James Murray's Royal Asylum, Perth (J. Young and Sons, Perth, 1896).—Der Wert der Elektrizität als Heilmittel: von Dr. Julius Althaus; aus dem Englischen von Dr. K. Oetker (Johannes Alt, Frankfurt-am-Main, 1897).—Pakhoi Leper and Medical Mission: its connexion with the Church Missionary Society; October, 1896 (Roberts and Leete, Southwark, London, S.E.).—Brain; Parts 74 and 75 (Macmillan and Co., London, 1896); price 7s.—The Journal of Experimental Medicine, July, 1896; Vol. I.; No. 3 (D. Appleton and Co., Bedford-street, Covent-garden, London).—Catechism Series: Forensic Medicine (E. and S. Livingstone, Edinburgh); price 1s. net.—Largiader's Arm und Brustsärker; von Theodor Zahn (A. Zermnier, Stuttgart, and Krohne and Sesemann, Duke-street, Manchester-square, London).—Magazines, &c., for November: Strand Magazine, Boys' Own Paper, Girls' Own Paper, Leisure Hour, Sunday at Home, Sunday Hours, Ludgate Magazine, Westminster Review, Contemporary Review, Friendly Greetings, Chapman's Magazine, Myra's Journal, Pall Mall Magazine, Windsor Magazine, Cornhill Magazine.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ASHWIN, RICHARD HAMILTON, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Assistant House Surgeon to the County Hospital, York.

ADAMS, PERCY E., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Dorset County Hospital.

BARNES, J. S., M.B., B.S. Camb., has been appointed Resident Medical Officer for E. Kimberley; Public Vaccinator for Wyndham, West Australia; and Quarantine Officer.

CARD, A. H., L.R.C.P. Lond., M.R.C.S., has been appointed Surgeon to the Worksop Dispensary.

COOKE, F. E., M.R.C.S., has been appointed a Public Vaccinator in South Australia.

CROSBY, A. H. P., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed an Assistant Medical Officer of the Sunnyside Lunatic Asylum, Christchurch, New Zealand.

CUTHBERT, J., L.R.C.P., L.R.C.S. Edin., L.K.Q.C.P. Irel., has been appointed Health Officer at Subiaco, West Australia.

DALZIEL, T. K., M.B. Edin., has been appointed Assistant Surgeon to the Western Infirmary, Glasgow.

DOBBS, KILDARE DIXON BORROWES, L.R.C.P., L.R.C.S. Irel., has been appointed Medical Officer for the Tutbury District of the Burton-on-Trent Union.

DUNN, P. H., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Fourth Sanitary District of the Hitchen Union.

EDMUNDS, JAMES, M.D. St. And., L.R.C.P. Edin., M.R.C.P. Lond., has been appointed Medical Officer of Health for the Parish of St. James, Westminster.

ELPHICK, E., L.R.C.P. Lond., M.R.C.S., has been appointed Health Officer at Norseman, West Australia.

FISHER, W. FELLOWES, M.B., B.S. Durh., has been appointed Medical Officer to the Ramsey District of the Huntingdon Union.

FORD, A. M., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., has been appointed Public Vaccinator at Bruthen, Victoria, Australia.

FORSTER, A. E. B., M.B., has been appointed Acting Public Vaccinator at Lang-field, Victoria, Australia.

HAYES, T. C., M.D. Dubl., F.R.C.P. Lond., has been appointed Professor of Practical Obstetrics, King's College, London.

HENRY, J. E. C., M.B., Ch.M. Syd., has been appointed Government Medical Officer and Vaccinator for Walgett, New South Wales.

HEPWORTH, A. F., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., has been appointed Health Officer for Meredith Shire, Victoria, Australia.

HIGGINS, J., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., has been appointed Health Officer for the Shire of Howqua, Victoria, Australia.

JOHNSTONE, G. W., L.R.C.P. Edin., L.F.P.S. Glasg., has been appointed Medical Officer for the Upholland Sanitary District of the Wigton Union.

JONES, FREDK. PRYCE, M.R.C.S. Eng., L.R.C.P. Lond., has been appointed House Physician to the Swansea General and Eye Hospital, vice Fox-Edwards.

KEMPE, ARTHUR, M.D. Brux., M.R.C.P. Edin., has been appointed Medical Officer of Health to the Exmouth Urban District Council.

KILPATRICK, WILLIAM, M.B., Ch.B. Melb., has been appointed Health Officer for Lilydale Shire, Victoria, Australia.

LUKER, DONALD, M.B., Ch.M. Syd., has been appointed Government Medical Officer and Vaccinator for Brewarrina, New South Wales.

MOLONEY, P. J., L.K.Q.C.P., L.R.C.S. Irel., has been appointed Acting Medical Officer to the Leper Lazaret, Stradbroke Island, Queensland.

MORRIS, J. H., M.R.C.S., L.S.A., has been appointed Medical Officer for the Second Sanitary District of the Salford Union.

MURRAY-AYNSLEY, J. H., M.R.C.S., has been appointed Public Vaccinator for the District of Eketahuna, New Zealand.

NICOLL, J. H., M.B. Glasg., has been appointed Assistant Surgeon to the Western Infirmary, Glasgow.

PARKINSON, C. H. W., M.R.C.S., D.P.H. Edin., has been re-appointed Medical Officer of Healt for the Wimborne Rural Sanitary District.

PERCIVAL, M. W. C., L.K.Q.C.P. Irel., has been appointed Public Vaccinator for the District of Cambridge, New Zealand.

PHELPS, W., M.R.C.S. Eng., L.S.A., has been appointed Public Vaccinator at Coalville, Victoria, Australia.

PIM, F. E. DE B., L.R.C.P., L.R.C.S. Irel., has been appointed Medical Officer for the Pendle Sanitary District of the Burnley Union.

POTTER, CHARLES E., M.B., Ch.M. Edin., has been appointed Medical Officer for the Hartington Sanitary District of the Ashbourne Union.

RENTON, M. W., M.B., M.Ch. Aberd., has been appointed Medical Officer for the Luddington Sanitary District of the Goole Union.

SOMERS, J. L. E., L.R.C.S. Irel., has been appointed Health Officer for Mornington Shire, Victoria, Australia.

STANWELL, FREDERIC SKEY, M.B., C.M. Edin., has been appointed Assistant Medical Officer to the East Riding Asylum, Beverley.

TAYLOR, DAVID, M.B., Ch.M. Aberd., has been appointed Health Officer at Cue, West Australia.

THANE, P. T., L.R.C.P. Lond., M.R.C.S., has been appointed Deputy Licensing Magistrate for the District of Yass, New South Wales.

TURNER, F. M., M.D., M.Ch. Camb., has been appointed Medical Superintendent for the South-Eastern Hospital of the Metropolitan Asylums District.

VALENTINE, T. H. A., L.R.C.P. Lond., M.R.C.S., D.P.H., has been appointed Public Vaccinator for the District of Waitara, New Zealand.

WADDINGTON, EDWARD, M.D. St. And., L.R.C.P. Edin., L.K.Q.C.P. Irel., M.R.C.S., has been appointed Public Vaccinator for the District of Te Aroha, New Zealand.

WAYLEN, G. S. A., L.R.C.P. Lond., M.R.C.S., has been re-appointed Medical Officer of Health by the Devizes Rural District Council.

WILLIAMSON, JAS. G., M.B., M.Ch. Edin., has been appointed Medical Officer for the First Sanitary District of the East Ashford Union.

WILSON, J. T., M.B., Ch.M. Edin., has been appointed Officer of Health and Inspector of Stock for Human Consumption for the city of Launceston, Tasmania.

WINSHIP, W. A., M.R.C.S., L.S.A., has been appointed Medical Officer for the Second Division of the Penrith Sanitary District of the Penrith Union.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

BOROUGH HOSPITAL, Birkenhead.—Junior House Surgeon. Salary £60 per annum.

BOSMERE AND CLAYTON UNION, Suffolk.—Medical Officer for the Coddenham District. Salary £55 per annum. The person elected will also be elected Medical Officer of the Union Workhouse at Barham, at a salary of £35, on certain conditions. Applications to the Clerk to the Guardians, 6, Providence-street, Ipswich.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY, Chesterfield.—Junior House Surgeon and Dispenser. Salary £50 per annum, with board, apartments, and laundress.

CITY HOSPITAL FOR INFECTIOUS DISEASES, Newcastle-upon-Tyne.—Resident Medical Assistant for one year, subject to re-election for a second year. Terms, £50 for the first year and £70 for the second year, with board, lodging, and washing.

CITY OF LIVERPOOL INFECTIOUS DISEASES HOSPITAL, Parkhill.—Resident Medical Officer. Salary £120 per annum, increasing £10 annually to £140 (subject to certain conditions). Board, washing, and lodgings at the hospital provided. Applications to the Town Clerk, Town Clerk's Offices, Liverpool.

COUNTY ASYLUM, Whittingham, Lancashire.—Pathologist. Salary £200 per annum, with apartments, board, washing, and attendance.

DURNESS, Sutherlandshire.—Medical Officer. Salary £110 per annum, with practice and free house. Applications to Mr. Robert Sutherland, Inspector of Poor, Durness.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis-road, Shadwell, E.—Pathologist and Registrar. Salary £40 per annum.

GOVERNMENT LEPER HOSPITAL, Robben Island, near Cape Town.—Resident Medical Officer and Bacteriologist. Salary at the rate of £500 a year, with quarters and rations. Applications to the Agent-General for the Cape of Good Hope, 112, Victoria-street, London, S.W.

GOVERNMENT LUNATIC ASYLUM, Fort Beaufort, Cape Colony.—Medical Superintendent for three years. Salary £300 a year, with quarters and rations. Applications to the Agent-General for the Cape of Good Hope, 112, Victoria-street, London, S.W.

HOSPITAL FOR WOMEN, Soho-square, London, W.—House Physician for six months. Salary £30.

MACCLESFIELD GENERAL INFIRMARY.—Senior House Surgeon. Salary £100 for the first year, with board and residence.

NOTTINGHAM GENERAL DISPENSARY, Broad-street, Nottingham.—Resident Surgeon for a Branch Dispensary. Salary £200 per annum, with rooms and attendance.

ROYAL EAR HOSPITAL, Frith-street, Soho-square, London.—House Surgeon (non-resident) for six months. Honorarium 12 guineas.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, London.—Resident Medical Officer, for six months. Salary at the rate of £100 per annum, with furnished apartments, board, and washing.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Assistant House Surgeon for six months. Gratuity of £10 given conditionally.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM, City-road, London.—House Surgeon. Salary £50 per annum, with board and lodging.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY, 73, Welbeck-street, London, W.—Honorary Anæsthetist.

WOLVERHAMPTON EYE INFIRMARY.—House Surgeon, for twelve months. Salary £60 per annum, with rooms, board, and washing.

Births, Marriages, and Deaths.

BIRTHS.

BATEMAN.—On Oct. 26th, at Devonshire-street, Portland place W., the wife of A. G. Bateman, M.B., C.M., of a son.

EVANS.—On Oct. 26th, at 22, Church-street, Kidderminster, the wife of O. C. Penrhys Evans, M.D., of a daughter.

PARSONS.—On Oct. 28th, at The Rowans, Lingfield-road, Wimbledon, the wife of F. W. Parsons, L.R.C.P. Lond., M.R.C.S., of a son.

MARRIAGES.

CULLINAN—MACCABE.—On Oct. 21st, at the R. C. Church, Donnybrook, Dublin, Henry Michael Cullinan, L.R.C.P., L.R.C.S. Irel., only son of the late Cormac M. Cullinan, Surgeon H.M. Indian Army, to Catherine Frances (Katie), youngest daughter of Sir Francis MacCabe.

DOUGLAS—LOCKHART.—On Oct. 22nd, at St. John's Presbyterian Church, Kensington, Carstairs Cumming Douglas, M.D., B.Sc., Skelmorlie, Ayrshire, N.B., to Anita Helena, eldest daughter of W. E. Lockhart, Esq., R.S.A., of Phillimore-gardens, Kensington.

SLEMAN—REAVELY.—On Oct. 21st, at the Parish Church, Kinnersley, Herefordshire, by the Rev. F. F. Reavely, S.C.L., uncle of the bride, assisted by the Rev. F. Andrews, M.A., Rector of the parish, Richard Reginald Sleman, only surviving son of the late Richard Sleman, F.R.C.S., formerly of Tavistock, Devon, and Mary Isabella Charlotte Reavely, second daughter of T. Reavely, Esq., J.P., of Kinnersley Castle, Herefordshire.

DEATHS.

CLEBORNE.—On Sept. 30th, 1896, very suddenly, at Washington, in his 33rd year, Arthur Sampson Chasteney Cleborne, of Kilbarron, Prince George, Co. Maryland, eldest son of C. J. Cleborne, M.D., Medical Director of U.S. Navy, and grandson of the late Robert Chasteney, formerly of Whitlingham Hall, Co. Norfolk, England.

KANE.—On Oct. 22nd, at Lanherne, Kingston-hill, N., Henry R. Kane, M.D., aged 48, eldest son of the late Matthew Kane, M.D.

HARLEY.—On Oct. 27th, suddenly, at Harley-street, Dr. George Harley, F.R.S., aged sixty-seven years, formerly Professor at University College and Physician at University College Hospital.

RING.—On Oct. 21st, at Cambridge-gardens, Kilburn, N.W., John Ring, M.D., aged 53 years.

SKINNER.—On Oct. 24th, at his residence, Quisisana, West-hill, St. Leonards, William Annable Skinner, M.R.C.S., aged 69.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

OPERATIONS.

METROPOLITAN HOSPITALS.

MONDAY (2nd).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), St. George's (2 P.M., Ophthalmic 1.15 P.M.), St. Mary's (2.30 P.M.), Middlesex (1.30 P.M.), St. Mark's (2 P.M.), Chelsea (2 P.M.), Samaritan (Gynæcological, by Physicians, 2 P.M.), Soho-square (2 P.M.), Royal Orthopædic (2 P.M.), City Orthopædic (4 P.M.), Gt. Northern Central (2.30 P.M.), West London (2.30 P.M.).

TUESDAY (3rd).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), Guy's (1.30 P.M.), St. Thomas's (3.30 P.M.), Middlesex (1.30 P.M.), Westminster (2 P.M.), West London (2.30 P.M.), University College (2 P.M.), St. George's (1 P.M.), St. Mary's (2 P.M.), St. Mark's (2.30 P.M.), Cancer (2 P.M.).

WEDNESDAY (4th).—St. Bartholomew's (1.30 P.M.), University College (2 P.M.), Royal Free (2 P.M.), Middlesex (1.30 P.M.), Charing-cross (3 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), King's College (2 P.M.), St. Mary's (2 P.M.), National Orthopædic (10 A.M.), St. Peter's (2 P.M.), Samaritan (2.30 P.M.), Gt. Ormond-street (9.30 A.M.), Gt. Northern Central (2.30 P.M.).

THURSDAY (5th).—St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), University College (2 P.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), London (2 P.M.), King's College (2 P.M.), Middlesex (1.30 P.M.), St. Mary's (2.30 P.M.), Soho-square (2 P.M.), North-West London (2 P.M.), Chelsea (2 P.M.), Gt. Northern Central (Gynæcological, 2.30 P.M.)

FRIDAY (6th).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), Guy's (1.30 P.M.), Middlesex (1.30 P.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), King's College (2 P.M.), St. Mary's (2 P.M., Ophthalmic 10 A.M.), Cancer (2 P.M.), Chelsea (2 P.M.), Gt. Northern Central (2.30 P.M.), West London (2.30 P.M.).

SATURDAY (7th).—Royal Free (9 A.M. and 2 P.M.), Middlesex (1.30 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), University College (9.15 A.M.), Charing cross (3 P.M.), St. George's (1 P.M.), St. Mary's (10 P.M.), Cancer (2 P.M.).

At the Royal Eye Hospital (2 P.M.), the Royal London Ophthalmic (10 A.M.), the Royal Westminster Ophthalmic (1.30 P.M.), and the Central London Ophthalmic Hospitals operations are performed daily.

SOCIETIES.

MONDAY (2nd).—ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (40, Leicester-square, W.C.).—8 P.M. Paper:—Mr. C. White: The Infiltration Process of Osseous and Dental Tissues. Casual Communications: Mr. W. Hern.—Mr. C. Robbins: A Case of Retarded Eruption. The President will deliver his Inaugural Address.

TUESDAY (3rd).—PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Papers:—Mr. C. B. Lockwood: (1) Specimens of Hydrosalpinx; (2) Ovarian Sacs of Mouse; (3) Undescended Testis.—Mr. J. Hutchinson, jun.: (1) Rodent Ulcer of Forearm; (2) Chondro-sarcoma of Submaxillary Gland.—Dr. H. D. Rolleston: Tubercle of Thyroid with Tubercular Abscess bursting into Œsophagus.—Dr. A. A. Kanthack and Mr. E. H. Shaw: Use of Formalin in the Preparation of Museum Specimens.—Dr. H. H. Tooth: Multiple Bronchiectases. Card Specimens: Dr. Rolleston, Dr. Parkes Weber, Dr. Kanthack, and Mr. T. S. Pigg.

WEDNESDAY (4th).—OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. W. Duncan and others. Papers:—Dr. T. G. Stevens: A Case of Completely Cleft Spine associated with an unusual Visceral Malformation in an Anencephalic Fœtus.—Dr. T. W. Eden: On the Structure of the Ripe Placenta and the Changes which occur in Placentæ Retained in Utero after the Death of the Fœtus (with Demonstration).

THURSDAY (5th).—HARVEIAN SOCIETY (Stafford Rooms, Titchborne-street, Edgware-road, W.).—8.30 P.M. Clinical Evening.

LECTURES, ADDRESSES, DEMONSTRATIONS, &c.

MONDAY (2nd).—LONDON POST-GRADUATE COURSE.—Roy. Lond. Ophthalmic Hospital, Moorfields, 1 P.M., Mr. E. T. Collins: Injuries of the Eye.—London Throat Hospital, Gt. Portland-st., W., 8 P.M., Mr. G. Stoker: Chronic Granular Diseases of the Nose and Naso-Pharynx.

TUESDAY (3rd).—LONDON POST-GRADUATE COURSE.—Bethlem Hospital, 2 P.M., Dr. Craig: Alcoholic Insanity; Insanity with Syphilis; Insanity with Organic Brain Disease.—Hospital for Skin Diseases, Blackfriars, 4.30 P.M., Dr. P. Abraham: Alopecia.

THE HOSPITAL FOR SICK CHILDREN (Gt. Ormond-st., W.C.).—2.30 P.M. Dr. Lees: Rheumatism and Heart Disease.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Bloomsbury).—3.30 P.M. Dr. Ferrier: Clinical Lecture.

WEDNESDAY (4th).—LONDON POST-GRADUATE COURSE.—Roy. Lond. Ophthalmic Hospital, Moorfields, 8 P.M., Mr. A. S. Morton: Optic Neuritis.

HOSPITAL FOR CONSUMPTION, &c. (Brompton).—4 P.M. Dr. Hector Mackenzie: Treatment of Pulmonary Tuberculosis.

WEST LONDON POST-GRADUATE COURSE (West London Hospital, W.).—5 P.M. Dr. Pail: Throat Cases.

THURSDAY (5th).—LONDON POST-GRADUATE COURSE.—Brit. Inst. of Preventive Medicine, Gt. Russell-st., W.C., 3.30 P.M., Dr. Allan Macfadyen and Mr. A. G. Foulerton: Qualitative Tests for Sugar and Acetone in Urine.—Central London Sick Asylum, Cleveland-st., W., 5.30 P.M., Dr. G. Oliver: The Pulse, with special reference to Tension.

THE HOSPITAL FOR SICK CHILDREN (Gt. Ormond-st., W.C.).—4 P.M. Dr. Voelcker: Hydrocephalus.

ROYAL COLLEGE OF PHYSICIANS, LONDON.—5 P.M. Dr. W. R. Gowers: On Subjective Sensations of Sound (Bradshaw Lecture).

FRIDAY (6th).—LONDON POST-GRADUATE COURSE.—King's College, 3 to 5 P.M., Prof. Crookshank: Actinomycosis and Glanders.

THE HOSPITAL FOR SICK CHILDREN (Gt. Ormond-st., W.C.).—11.45 A.M. Dr. Penrose: Diseases of the Digestive Tract.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Bloomsbury).—3.30 P.M. Dr. Semon: Methods of Examining the Throat and Nose.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, Oct. 29th, 1896.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radiation in Vacuo.	Maximum Temp. Shade	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Oct. 23	29·90	N.E.	41	40	71	50	40	...	Hazy
,, 24	29·68	S.W.	46	44	73	54	41	0·20	Raining
,, 25	29·39	S.W.	46	44	85	52	40	0·02	Fine
,, 26	29·47	W.	43	42	80	52	38	0·02	Fine
,, 27	29·63	S.W.	42	41	80	52	41	...	Overcast
,, 28	29·79	W.	38	37	76	49	37	...	Foggy
,, 29	29·57	E.	40	39	56	45	38	...	Foggy

Notes, Short Comments, and Answers to Correspondents.

EDITORIAL NOTICE.

IT is most important that communications relating to the Editorial business of THE LANCET should be addressed *exclusively* "TO THE EDITORS," and not in any case to any gentleman who may be supposed to be connected with the Editorial staff. It is urgently necessary that attention be given to this notice.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Lectures, original articles, and reports should be written on one side of the paper only.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *should be addressed "To the Manager."*

We cannot undertake to return MSS. not used.

MANAGER'S NOTICES.

THE INDEX TO THE LANCET.

The Index for the first half-yearly volume for 1896 was given in the issue of June 27th. The practice of supplying loose copies has been discontinued, the Index having been placed in the centre of the journal, whence it can easily be detached, and placed either at the beginning or at the end of the volume.

VOLUMES AND CASES.

VOLUMES for the first half of the year 1896 are now ready. Bound in cloth, gilt lettered, price 18*s.*

Cases for binding the half-year's numbers are also ready. Cloth, gilt lettered, price 2*s.*, or post free 2*s.* 3*d.*

To be obtained on application to the Manager, accompanied by remittance.

MEDICAL CERTIFICATES FOR SCHOOL BOARDS.

Cymro.—The School Board officer may have been entrusted by his Board with the right of questioning a medical man's diagnosis. This is the case in the London School Board. Our advice to our correspondent and every other medical man is to absolutely refuse to give any medical certificate whatever for the convenience of a School Board. On the other hand, if the parents are summoned the medical man must be prepared to go and give evidence in the police-court. Then the School Board will have to climb down.

EFFECTS OF THE SUBCUTANEOUS INJECTION OF ETHER IN MELANCHOLIA.

To the Editors of THE LANCET.

SIRS,—Some remarks by Professor Renault of Lyons on the protective action of the subcutaneous injection of ether in uræmia led me to try its effect in a case of brain trouble from uric acid. Twice before a similar attack had been accompanied and followed by deep melancholia. I did not, indeed, think of the melancholia in giving the drug (10 minims injected deep into the buttock) but was surprised and pleased to find that it at once disappeared. I gave about six injections in as many weeks and always with the same effect; it did not need to be repeated for the time. I feel sure that the method deserves a systematic trial, and need hardly say that if it should turn out to be a discovery it will prove an enormous benefit to suffering humanity, more especially in commencing cases of melancholia, which so often leads to suicide; while superintendents of lunatic asylums may hope to largely increase their percentage of cures. We need not be surprised that such a remedy should produce such a result, seeing that melancholia seems to be, *per se*, purely a functional condition of the nerve cells, coming and going no one knows how and leaving no appreciable trace of its presence. The utter harmlessness of the drug in such doses is largely in its favour. I forget in which French medical journal Professor Renault's remarks appeared.

I am, Sirs, yours faithfully,

Rue Adoue, Pau, Oct. 12th, 1896. R. J. SHEPHERD, M.D. Durh.

Justice.—The matter is one for the advice of a solicitor. We do not think that a solicitor could foretell what the issue of a claim for damages would be, but to even estimate the chances of winning requires legal knowledge. It will be observed that in A.'s second letter, which unfortunately remained without answer, the concession of a day or two is considerably nullified by a concluding sentence specifying an exact day and time of arrival. The great inconvenience, moreover, to B. caused by his ignorance—as we read the correspondence—of the day on which he would be free to start on his holiday must be taken into account.

LEPROSY IN ICELAND.

ICELAND, although larger than Ireland, is so sparsely inhabited that altogether the population does not exceed 75,000, or about one person to the square mile. Amongst the number, however, there are no fewer than 400 lepers, and yet no attempt has so far been made either to alleviate the condition of the sufferers or to prevent the spread of the disease. There is not a single refuge or hospital for lepers in the whole island. In the other parts of Europe where the disease is prevalent, to wit, Spain, Portugal, Italy, Turkey, and the Scandinavian peninsula, lazar-houses were long since established to the great advantage of the healthy as well as of the afflicted. In Norway especially, where of recent years segregation has been rigidly enforced, a great improvement has taken place, and, according to M. Hallopeau, there are not now more than 800 lepers in a population numbering upwards of 1,700,000 souls. Iceland, of course, belongs to Denmark, but its shores are largely frequented by the French for fishing purposes, while many English tourists visit the island every summer for sport or relaxation. It is certainly little creditable to international hygiene that no steps have been taken to ameliorate the miserable condition of Icelandic lepers.

Exoticus (Syria).—Lembert's suture is intended to bring into apposition two peritoneal surfaces. It is applied in the following manner to join the two ends of the intestine after excision of a portion of bowel:—A needle carrying a stitch of fine silk is inserted in the long axis of the intestine about one-quarter of an inch from the cut edge and brought out about one-eighth of an inch from the same edge, and then it is passed through the other portion of bowel in the corresponding situation. The stitch should traverse only the peritoneal and muscular coats and should not involve the mucous membrane. Similar stitches are placed at intervals of about one-sixth of an inch all round the circumference of the bowel. The stitches are then tied and the ends cut short. Thus the cut edges of the intestine are turned inwards towards the lumen, and the peritoneal coats are in apposition for about one-eighth of an inch all round the bowel, whereby a rapid union of the peritoneal surfaces is assured.

THE TREATMENT OF ALCOHOLIC NEURITIS.

To the Editors of THE LANCET.

SIRS,—Will you please inform me if there is any work published which treats specially on the various forms of neuritis? Also, I shall feel obliged if some of your readers will kindly state the most appropriate treatment for a case of alcoholic neuritis, in which, the acute symptoms having subsided, paralysis, especially of the feet and legs, remains. If electricity be indicated, what form and what strength should be adopted? I am, Sirs, yours truly,

Oct. 28th, 1896. JUNIOR PRACTITIONER.

"LOCAL HOT-AIR TREATMENT."

To the Editors of THE LANCET.

SIRS,—Will you permit me to say, in reply to "Medicus" and "M.D.," that the invention of the use of hot air is not claimed? What I claim is that the Tallerman-Sheffield apparatus allows of an entirely new method of application, that it produces effects not before produced, and one especially hitherto held to be physiologically impossible; that it enables a new and successful treatment of gout and rheumatic and other pain, and of such diseases as rheumatoid arthritis, various forms of rheumatism, including gouty rheumatism, sprain, contracted and stiff joints and tendons, sciatica and lumbago, chronic bronchitis, and others of an obstinate, intractable, or incurable character. If there have been other apparatus or methods capable of treating these diseases as successfully, why have they not been used? The remarks of "Medicus" and "M.D." amount to an indirect charge against the profession of ignorance or concealment; either they knew nothing of these wonderful therapeutic agents which these gentlemen describe with such careful vagueness, or, knowing of them, instead of using them they have concealed their existence and preferred to allow their patients to suffer and become helpless cripples. Why has "M.D." not cured his own "rheumatoid arthritis" and why should he want our apparatus at all? By the Tallerman-Sheffield apparatus air superheated to 300° F. has been used, and experimentally from 250° to 280° was applied for upwards of two hours, without pain or discomfort to the patient, and without causing the skin to become unduly sensitive, and I might say, as illustrative of the perfect safety with which these phenomenal temperatures may be used, that amongst the cases which have been treated there were present Bright's disease and weak heart and a desperate case of aortic regurgitation and obstruction and mitral regurgitation and obstruction. The late Dr. Bell Hunter wrote to me welcoming our apparatus as a great advance upon anything he had, and, I presume, that gentleman was as well posted and up-to-date as most obscure country practitioners. The statement respecting the terms and conditions of lease "are in essentials curiously the reverse of facts." Why has "M.D." not stated them? If I do not do so it is because I do not think it would benefit the profession very much to have published the terms and conditions on which its members could equip themselves to meet the pressing needs of a very large percentage of the public; nevertheless, I feel that I have no course open but to request "M.D." to immediately withdraw his statements or to justify them if he can by the publication of the terms and conditions referred to, and I must ask that this be done without delay and in the words used by the company and not by garbled extracts. It is proper that I should state that the direction of all matters connected with the introduction of this apparatus and treatment has been left very much in my hands, and I must, therefore, accept the responsibility attaching to any grounds your correspondent may have for complaint. Matters throughout have been conducted in the strictest accordance with the interests and etiquette of the profession, which would not have been the case had there have been any attempt at coercion or pressure.

With respect to the tringing out of other apparatus to be used as a substitute for ours in carrying out the Tallerman-Sheffield treatment, if under the circumstance this cunning and mean incitation to acts of infringement and piracy of our rights is not condemned and repudiated by the profession generally it will be a great deal more surprising than the suggestion itself. We have already had two instances brought under our notice and these have been settled without exposure; the next will be dealt with in a different manner. But as we have relied upon the good faith of the profession we expect some protection from the high moral code of ethics by which its members are said to be bound. If we fail to receive it we must consider our position.

I am, Sirs, yours truly,

London, Oct. 21st. LEWIS V. TALLERMAN.

X. Y. Z.—Sarum is, or was, the old name for Salisbury, and the Sarum use is the order of service drawn up by St. Osmund, the noted Bishop of that diocese. He died in 1099. There were other uses which "X. Y. Z." will find mentioned in the Preface to the Prayer Book, but that of Sarum was the most generally adopted.

H. A. B.—That chloroform has often to be given in minor cases by the operator every practitioner in rural districts knows, but where the aid of a qualified medical man can be obtained it is courting disaster not to obtain it.

Digitalis will find the subject treated in any good text-book.

"IF."

WE cull this extract from the *Church and Family Newspaper* of Oct. 16th, 1896:—

"CLERICAL POVERTY AND DOCTORS' BILLS.

"*To the Editor.*

"SIR,—Let me add my testimony too. I am a curate, badly paid even as such, and my doctor charges me 5*s.* a visit, which I pay. He has a good practice in our parish, in which, of course, he resides. He is a Churchman too. It would be a great help to the poor clergy 'IF' they were excused doctors' bills.—Yours truly, B. H."

"THE TAN-O-CEA TABLET CO."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Sept. 12th there is a letter purporting to be from the Tan-o-cea Tablet Co. to medical men. This letter you justly censure severely. We, the three sisters of the inventor (a young medical man, now dead), are the sole owners and manufacturers of Tan-o-cea. We are the Tan-o-cea Tablet Co. and have only just found out that such a letter was written in our name. We know by the address given above it that it is the composition of a certain then agent of ours. The man had no authority from us whatever for doing such a thing. We desire to be allowed space in your columns to repudiate this unauthorised circular. We are shocked at, and disgusted with, its contents, and are most anxious to make our sentiments known to all who have received the circular. We would communicate with such individually, but unfortunately we cannot find out to whom it was sent. We hope, if you will kindly insert this disclaimer, to undo, as far as is possible under the circumstances, the harm done to us. We shall be most grateful for help in this matter.—We are, Sirs, your truly,

LUCY WALLER,
ALICE M. M. WALLER,
Oct. 23rd, 1896. HILDA WILMOT WALLER.

Mars will find references in THE LANCET at page 1769, vol. i., 1896, and page 356, vol. ii., 1896.

Puzzled.—M.D. Brux., L.S.A. Lond., is the preferable style. It is open to no reproach whatever.

SOLID WINE.

THE fertility of the inventive brain, says a writer in a Bordeaux medical journal with comprehensible plaintiveness, is at once amazing and inconceivable. An engineer has recently contrived to prepare what he calls "a concentrated essence of vinic plants, the best of all methods for producing an exquisite wine." According to the prospectus issued by this ingenuous person, two of his tablets, costing each 3 francs 50 centimes, are sufficient to yield 110 litres of a liquor containing all the qualities of natural wine, from which it is practically indistinguishable. Not only does the compound possess a most agreeable flavour and a delicate aroma, it is likewise unrivalled as a refresher of the slightly damaged wines that are customarily used diluted. The fresh taste and freedom from acidity of this pseudo-wine lead to its being constantly mistaken for a genuine claret of the most approved vintage. The process for converting the tablets into wine is simplicity itself. They have merely to be boiled in a little water, the decoction when sufficiently cooked being further diluted and sweetened to taste. It is scarcely necessary to add, says the reporter in conclusion, that this notable invention has been patented, that its trade mark has been duly registered, and that already two gold medals of the first-class have been awarded in recognition of its many virtues.

A. B. C.—The cones contain a soluble sulphate of quinine in large quantity, a soluble organic iron salt, and fat of the melting point of cacao butter. Their reaction is slightly acid and the taste of the solution when freed from fat is bitter, disagreeable, and astringent. There is no ergot.

M. M.—The chosen people do not possess the fortunate immunity attributed to them.

COMMUNICATIONS not noticed in our present issue will receive attention in our next.

During the week marked copies of the following newspapers have been received:—*Ashton Standard, Western Morning News, Bedford Times, Brighton Gazette, Toronto Mail, Bradford Observer, Leicester Post, Birmingham Gazette, Times of India, Pioneer Mail, Eastern Morning News Liverpool Daily Post, Sheffield Independent, Hull Daily News, Lowestoft Standard, Scotsman, Leeds Mercury, Derbyshire Times, Chester Chronicle, Doncaster Chronicle, Yorkshire Post, Architect, Forfar Herald, Somerset City Herald, Kentish Express, Bristol Mercury, Builder, Norwich Mercury, Manchester Courier, Portsmouth Times, Hampshire Telegraph, Bury Guardian, Taunton Echo, Dewsbury Reporter, Worcester Journal, Irish News, Shields Daily News, Liverpool Echo, Weekly Free Press and Aberdeen Herald, Local Government Chronicle, Mining Journal, Reading Mercury, Aderdeen Journal, Hertfordshire Mercury, City Press, Local Government Journal, Surrey Advertiser, Truth (Sydney, New South Wales), Guy's Hospital Gazette, Rangoon Gazette, Cape Times, Coalville Times, Dover Express, Leamington, Warwick, and Rugby County Chronicle, Crewe Chronicle, Scarborough Evening News, Huddersfield Chronicle, Malvern News, North Wilts Guardian, Scottish Guardian, Yarmouth Weekly Press, Bolton Weekly Journal, Alnwick Gazette, Middlesex and Surrey Express, Uttoxeter Advertiser, Walton Times, &c., &c.*

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